



Application for exemption for using Human Biological Specimen

<u>Details of Staff/Student Member</u>			
Surname:	<input type="text"/>	First Name:	<input type="text"/>
School/Centre:	<input type="text"/>		

<u>Details of Application</u>			
Project Title:	<input type="text"/>		
Project Supervisor			
Name:	<input type="text"/>		
School:	<input type="text"/>		
Phone:	<input type="text"/>	E-mail:	<input type="text"/>
Project Dates			
Commencement Date:	<input type="text"/>		
Finishing Date:	<input type="text"/>		
Scope of Project:			
<input type="text"/>			
Type of Human Biological Specimen required (Include blood borne infection screening status of donor and method of collection)			
<input type="text"/>			

Facility to be used

Facility Name:

Building Number: Room Number:

Justification for the exemption(if applicable):

Have you attached the Risk Assessment/SWP for the procedure? Yes No
 Have you applied for other compliance committee approvals? Yes No
 If Yes, list which ones:

Have you attached immunisation documents, if required? Yes No

Additional Information which may help with the application, such as waste disposal:

Principle Investigator:

Name:

Signature Date

Facility Manager:

Name:

Signature Date



IBC Presiding Officer:

Name:

Signature Date

