## Staff Member details

|  |  |
| --- | --- |
| Full Name |  |
| School/Centre |  |

## Details of Micro-organism

|  |  |
| --- | --- |
| Name of micro-organism (genus & species) |  |
| Form/quantity (eg 5 x freeze-dried vials) |  |
| Risk Group of micro-organism |  |
| Type (bacterium, fungus, etc) |  |
| Briefly describe the main uses for the micro-organism |  |
| Name of organisation to be acquired from |  |
| Does the source institute or company have a licence/permit to import into Australia? | Yes  No |
| If No, the purchaser or receiver will need to obtain a permit from Department of Agriculture and provide the details to the source company before shipping. Customs require this to be attached in order to process the item, and will delay delivery if not available. | |
| Signature of Applicant |  |
| Date |  |

## Details of Facility

|  |  |
| --- | --- |
| Name of facility where micro-organism to be stored |  |
| Building no. and Room no. |  |
| Type of facility (Laboratory/Animal House/Plant House) |  |
| Physical Containment Level |  |

|  |
| --- |
| **Approval - IBC Use Only** |
| Purchase requisition no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IBC Approval No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Presiding Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |