**Application to conduct work at Charles Sturt University involving the use of genetically modified organisms (GMO) classified as Notifiable Low Risk Dealings (NLRD)**

Please describe your dealing under the following guidelines**.**

**Note:** You should consider the classification of your project having read the documents below:

**What dealings with GMOs are classified as Exempt Dealings**:

[Dealings classified as exempt from 8 October 2019 | Office of the Gene Technology Regulator (ogtr.gov.au)](https://www.ogtr.gov.au/resources/publications/dealings-classified-exempt-8-october-2019)

**Types of dealings with GMOs classified as Notifiable Low Risk Dealings:**

[Types of GMO dealings | Office of the Gene Technology Regulator (ogtr.gov.au)](https://www.ogtr.gov.au/about-approval-process/types-gmo-dealings)

## Project details

|  |  |
| --- | --- |
| Project Title |  |
| Describe the aim and outline of the project |  |
| Project start date |  |
| Project end date |  |
| Facility Name |  |
| Building No. and Room No. |  |

## Personal involved in the project

## Team member #1

|  |  |
| --- | --- |
| Full name *(incl. title)* |  |
| Highest qualification |  |
| Position |  |

## Team member #2

|  |  |
| --- | --- |
| Full name (incl. title) |  |
| Highest qualification |  |
| Position |  |

## Team member #3

|  |  |
| --- | --- |
| Full name (incl. title) |  |
| Highest qualification |  |
| Position |  |

## NLRD type

|  |
| --- |
| **3.1** Does the work, as defined by the Gene Technology Regulation 2001\*, fall under the Category of at least **PC1 NLRD?** |

|  |  |  |
| --- | --- | --- |
| (a) | Yes |[ ]  No |[ ]
| (c) | Yes |[ ]  No |[ ]
| The work does not fall under this NLRD Type |[ ]

|  |
| --- |
| 3.2 Does the work, as defined by the Gene Technology Regulation 2001\*, fall under the Category of at least PC2 NLRD? |

|  |  |  |
| --- | --- | --- |
| (a) | Yes |[ ]  No |[ ]
| (aa) | Yes |[ ]  No |[ ]
| (b) | Yes |[ ]  No |[ ]
| (c) | Yes |[ ]  No |[ ]
| (d) | Yes |[ ]  No |[ ]
| (e) | Yes |[ ]  No |[ ]
| (f) | Yes |[ ]  No |[ ]
| (g) | Yes |[ ]  No |[ ]
| (h) | Yes |[ ]  No |[ ]
| (i) | Yes |[ ]  No |[ ]
| (j) | Yes |[ ]  No |[ ]
| (k) | Yes |[ ]  No |[ ]
| (l) | Yes |[ ]  No |[ ]
| (m) | Yes |[ ]  No |[ ]
| The work does not fall under this NLRD Type |[ ]

## GMOs

|  |
| --- |
| Describe the GMOs you are making or using under the following headings: |

|  |
| --- |
| **GMO Description Summary** |
| Genus |  |
| Species (where known) |  |
| Family (for viruses) |  |
|  |  |
| *If the above is not known, please give a summary description of the GMO as best you can* |  |

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| 4.1 Hosts/vector systems |

Describe the host /vector systems you will be using in detail. Please include maps and sources of all vectors and cells. Also include how the donor DNA will be introduced into the vector.

|  |
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| 4.2 Donor DNA |

Describe the sources and characteristics of the donor DNA in detail and what manipulations will be used in recombination with the vector. e.g. organism- is it a pathogen and of what, what genes, how produced- PCR, genomic or cDNA.

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| 4.3 What traits will be modified by transfer of DNA to the hosts? |

## Risk Assessment and Risk Management

In your assessment please define any risks to humans, animals or the environment. What might be the worst-case scenario and how likely is it? Please consider if this is likely to increase the pathogenicity of any host or result in creation or release of any pathogenic/recombinant organisms, either by the GMO itself or recombination processes that might occur in the host. Describe what will manage the risks. Please also note that a risk assessment should be done on any laboratory work in the Faculty of Science and Health involving GMO or not.

## Signatures

|  |
| --- |
| 6.1 Principal Investigator |

**Declaration**

I confirm that all personnel have read this application and have agreed to comply with procedures described.

|  |  |
| --- | --- |
| Date |  |
| Signature/s *(or attach email approval)* |  |

|  |
| --- |
| 6.2 Facility Manager |

**Declaration**

I confirm that the project has provided the relevant risk assessments and safe work procedures and the participants have been inducted into the facility.

|  |  |
| --- | --- |
| Date |  |
| Signature/s *(or attach email approval)* |  |

## Institutional Biosafety Committee approval

|  |  |
| --- | --- |
| Comments |  |
| Date |  |
| Signature/s *(or attach email approval)* |  |

*(Note: Retain copy with facility records)*

|  |
| --- |
| EnvelopeSubmit form and attachments to biosafety@csu.edu.au |