Application Form to Use The

Plant Biotech Facility (PBF), Universiti Malaya

IBC Reference No: _____ (compulsory if applicable)

Project Application Status: (Submitted)_____(Date)

(Approved)_____(Date)

CBC Reference No: _____ (please leave blank)

Name of Principle Investigator (PI)		Department	
Contact No		E-mail:	
Name of personnel working on project [1]		Position:	
Contact No		Email:	
Name of personnel working on project [1]		Position:	
Contact No		Email:	
Name of personnel working on project [1]		Position:	
Contact No		Email:	
Project Title			

Anticipated date of the project				End date of the project				
Common and Scientific Name of Plant								
Type(s) of plant grown materials:								
Plant propagation mode (Tick)	Seed		Cutting		Tissue Culture		No of plants & pots / area of planting	
Others (Please specify)								
Will pathogens, insects, recombinant organisms or hazardous materials be intentionally introduced for experimental reason?							YES / NO	
Yes (Please specify)								
Are endophytes present in plants? (Please specify)								
Will plants and/ or GMO be moved in and out of greenhouse?					NO		YES	
If YES (Please specify and attach a Risk Assessment & Risk Management Plan)								

Will hazardous materials (e.g. chemicals, liquid nitrogen, etc.) be used in the greenhouse?			NO		YES	
If YES (Please specify and attach a Risk Assessment & Risk Management Form)						
How long will plants be kept before disposal? (Max. 1 week)		Mode of disposal				
Specify any specialized equipment needed:						
Photoperiod requirement						
Temperature requirement (°C)	Daytime	(Min)	(Max)	Nighttime	(Min)	(Max)
Note: To avoid insects being introduced to the PBF, please make sure your plants are free from insects or else you will be charged with spraying fee. After receiving approval for PBF space, you must notify PBF management team 2 days in advance of bringing plants into greenhouse.						
I have read the Standard Operating Procedures for PBF and agree to comply(tick)					YES	
Personnel's Name & Signature:		Principle Investigator's Signature and Stamp:				
Personnel's Name & Signature:						
Personnel's Name & Signature:						
[2]User No						
Date:		Date				

Notes [1] : Attach additional sheet with details if necessary

[2] : For first time user, please arrange training after which you will be issued with a user number.

Reminder: Prior permission from IBC must be attached. Please note this can take 3-4 weeks.

For official use only

Date received	
Name	
Signature	
Remarks	