

Appendix 15

Restricted Organism Project Register

University of Otago, Wellington Containment and Transitional Facility

Project Register

1. Name of Project: _____

2. Group: _____

3. Principal Investigator: _____

4. Institute Approval No: _____

5. ERMA/IBSC Approval No: _____

6. Physical Containment Level: PC1 PC2

7. Containment Controls Required: _____

8. Taxonomic Identity of Organism:

a) Species and strain of host: _____

b) Vector and insert DNA: _____

c) Species of donor: _____

9. Place of Storage (Lab No(s)): _____

10. Source of Organism(s):

a) Imported

Date of Import: _____

MPI Permit Number: _____

Copy of Import Health Standard attached

Source: _____

b) Developed in Containment

c) Received from another NZ Facility

Date of Receipt: _____

Name of Facility: _____

Copy of written authority from MPI Supervisor attached

11. Transfer to Another Facility:

Date of Transfer: _____

Name of Facility: _____

Copy of written authority from MPI Supervisor attached

12. Date and Method of Final Disposal of Organism: _____

P.I. Signature:

Date:

