**Incident Report – La Trobe Institutional Biosafety Committee (IBC)**

**WHEN TO USE THIS FORM**

It is an offence under the Gene Technology Act 2000 (the Act) to conduct any unapproved non-exempt dealing with a GMO, including the destruction of the GMO.

This form must be used to report.

1. Unintended presence or unintended release of GMOs
2. Potential non-compliance in your dealings
3. Suspected non-compliance in others’ dealings

The Incident must be reported without delay to biosafety@latrobe.edu.au and then this form submitted once all subsequent follow-up actions have been completed.

**If information provided on this form is sourced from person(s) other than the Principal Investigator, please provide the full name of those persons in parentheses following the provision of that information.**

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| 1. **Project details**
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| **IBC Approval Number**  |  |
| **OGTR Submission Number (if applicable)** |  |
| **IBC Project Title** |  |
| **Principal Investigator** |  |
|  |  |
| **AEC Number (if applicable)**  |  |
| **AEC Project Title**  |  |
| **Principal Investigator** |  |
|  |  |
| **Date of the Incident** |  |
| **Location of the Incident**  |  |

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| 1. **Reporting to Ethics, Integrity & Biosafety team**
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| **Did you report the incident to EIB**  | YES  |[ ]  NO |[ ]  DATE REPORTED |  |

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| 1. **GMO details**

Add rows, as required |
| **Class of GMOs** | **Name of GMOs** | **Modified Trait(s) and Gene(s)** | Risk (to humans, animals, plants etc.) |
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| 1. **Animal details if applicable**

Add rows, as required |
| **Animal ID****(if applicable)** | **Species** | **Strain** | **Modified Trait(s) and Gene(s)** | **Sex** | **Age** **(at time of the incident)** | **Number affected** | **Number Dead** |
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| 1. **Details of the Incident**
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| * 1. **Description**
 | **Describe the event**  |
| * 1. **Background**
 | **What treatments/procedures/modifications had been done to the GMOs/animals** |
| * 1. **Action(s) taken**
 | **What action was taken when the event happened or was discovered?**  |
| * 1. **Investigation**
 | **What investigations have taken place?** | **Name of the person who undertook the investigation:** |
| * 1. **Results of investigation**
 | **Insert a summary of any reports and attach a copy.** |
| * 1. **Action(s) to be taken**
 | **What immediate and/or long-term actions are required to prevent a recurrence of this event?** |
| * 1. **Additional information (optional):**
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| 1. **Declaration**
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| By submitting this Incident Report, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Position) declare that[ ]  due care has been taken to ensure that the information I have provided is true and correct, and[ ]  the information contained in this report is given on the basis that it remains confidential in accordance with relevant University and statutory requirements. |
| **How to submit this form** |
| The Principal Investigator (or delegate, with cc to the Principal Investigator) or EIB staff must submit the form from their La Trobe University email account to biosafety@latrobe.edu.au  |

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| 1. **EIB Office use only**
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| * 1. **Did you notify the OGTR**
 | YES |  | NO |  |
| If No, why? |
| * 1. **Additional information (optional):**
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