

**PROPOSAL FORM FOR ASSESSMENT OF GENETIC MANIPULATION WORK**

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| GMAC Ref No.: _____<br>(for official use only) |
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**Name of Scientist(s) :** \_\_\_\_\_

**Name of Institution :** \_\_\_\_\_

**Type of Experimental Organisms (please tick) :**

Animal     
  Plant     
  Others, please specify: \_\_\_\_\_

**Experiment Risk Group (please tick) :**

Category A     
  Category B     
  Category C

**A. Experimental detail** (attach separate sheet if necessary)

|    |   |
|----|---|
| 1. | Project title                                     |
| 2. | Research unit involved                            |
| 3. | Experimental objective                            |
| 4. | Rationale for the experiment                      |
| 5. | Description of transgene(s) and gene construct(s) |
| 6. | Method of gene delivery                           |
| 7. | Duration of the experiment ( $\leq 3$ years)      |



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**The following section is applicable for Category A experiments only:**

Please indicate if approval have been sought from relevant regulatory authority (MOH / AVA / NEA) for \*use/possession/import/transport of the GMO.

If yes, please provide supplementary proof.

If no, please explain why.

*\*(highlight where applicable)*

*For a list of regulatory contact points, please refer to Section 6.6 (page 23).*