

Biohazard Risk Assessment Bacteria



To be completed prior to acceptance of a bacterial strain into the National Collection of Type Cultures (NCTC) repository.

Type of Deposit: Catalogue <input type="checkbox"/> Safe <input type="checkbox"/> Patent <input type="checkbox"/>	
ACDP Hazard Group:	
CBA-1 notification: required <input type="checkbox"/> not required <input type="checkbox"/>	GMSC notification: Class 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> not required <input type="checkbox"/>
Sent: _____ Received: _____	Sent: _____ Received: _____
Containment Level:	Containment Level:
Deposit approved by	
Signature: _____	Print name: _____ Date: _____
Accession Number(s): _____	Batch Number(s): _____

For completion by depositor

1. Depositor information

Institution			
Address			
Title and name of depositor			
I confirm that the details given here are full and true to the best of my knowledge			
Signature		Date	

2. Bacterial strain identity

Bacterial strain name	
Species	

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Morphology	
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3. Safety Information

All organisms must be assigned to a hazard group: see Advisory Committee on Dangerous Pathogens (ACDP) Approved List of Biological Agents at www.hse.gov.uk/pubns/misc208.pdf

ACDP hazard group	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Is the bacterial strain listed under the UK Specified Animal Pathogen Order (SAPO)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the bacterial strain known to contain/produce a biologically active substance that could cause harm to humans (e.g. toxin, hormone, allergen)? Please provide further details.	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:
Is this strain pathogenic for plants?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list plant species:
Are you including any Risk Assessment performed at your site?	Yes <input type="checkbox"/> <i>please attach</i> No <input type="checkbox"/>
Please supply a Material Safety Data Sheet	Attached <input type="checkbox"/> To follow <input type="checkbox"/>
In light of your knowledge of this bacterial strain and its origination, what is your assessment of its potential to cause harm to human health in the event of exposure? If the answer is "medium" or "high" please provide further details.	Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Further details:
Does this bacterial strain have the ability to survive, establish, and disseminate in the environment? If the answer is yes, please provide further details.	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:
If you are sending ampoules to NCTC are they glass or plastic vials? <small>N.B. plastic vials are preferred</small>	Glass <input type="checkbox"/> Plastic <input type="checkbox"/>

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Important Note: Organisms pathogenic to humans or animals are subject to import / export license and transport regulations

4. Genetic Modification

Is the bacterial strain genetically modified?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what class?: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Description of genetic modification of the bacterial strain: <i>include method of genetic modification and identity and source of gene introduced</i>	
What is the risk that the genetic modification can confer pathogenic traits in the host cell/organism or related organisms? If the answer is “possible” or “demonstrated” please provide further details.	Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Demonstrated <input type="checkbox"/> Further details:
What is potential for sequences in the bacterial strain being transferred to another related organism? If the answer is “possible” or “demonstrated” please provide further details.	Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Demonstrated <input type="checkbox"/> Further details:

Please note that the Culture Collections may request further information in order to complete its risk assessment.

If you require any assistance completing this form please contact
culturecollections@ukhsa.gov.uk