

Approval as worker with genetically modified and/or pathogenic microorganisms

GENERAL DETAILS	
Family Name	
First name	
Employee/student number	UM / MUMC 100 / i6
Card number	
E-mail	
End date activities	
Department	
Supervisor	
Position	<input type="checkbox"/> technician, <input type="checkbox"/> student, <input type="checkbox"/> PhD-student, <input type="checkbox"/> PhD, <input type="checkbox"/> PI, <input type="checkbox"/> Guest, other:
EXPERIENCE ON WORKING WITH GMOS/MICROORGANISMS	
Education (study & specialization)	
Description of practical experience regarding microorganisms	
Description of practical experience regarding tissue culture	
Acquired certificates on biosafety (for example: Safe Microbiological Techniques)	certificate(s): date: institution:
PLANNED ACTIVITIES	
GMO activities	<input type="checkbox"/> No, <input type="checkbox"/> Yes on GMO permit IG
Planned activities on level	<input type="checkbox"/> ML-I, <input type="checkbox"/> ML-II, <input type="checkbox"/> D-I, <input type="checkbox"/> DM-I, <input type="checkbox"/> DM-II, <input type="checkbox"/> PL-I, <input type="checkbox"/> PC-I, <input type="checkbox"/> PCM-I

	Name	Date	Signature
ABV/VM: <input type="checkbox"/> Explained the GMO rules and procedures			
Applicant: <input type="checkbox"/> Understands GMO rules and procedures <input type="checkbox"/> Watched VROM-video "Exactly right"			

Name BSO	BSO provides consent for working at GMO level: <input type="checkbox"/> Allowance for viral activities. Date of viral introduction:
Date	
Signature	

The ABV sends this form to n.kisters@maastrichtuniversity.nl or to v.vanleeuwen@maastrichtuniversity.nl
Only fully completed application forms will be processed