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INCIDENT REPORT

Principal Investigator: \_\_\_\_\_

Email: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Title of the Project: \_\_\_\_\_

Duration of the Initial Research Grant: From: \_\_\_\_\_ To: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Please check the appropriate box:

[ ] Accident that results to potential exposure to recombinant DNA materials, infectious agents or biological toxins. Please give the details.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

[ ] Incident resulting in the known or suspected release into the environment of recombinant DNA materials, infectious agents or biological toxins into the environment. Please give the details.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

[ ] Any problem with physical or biological containment safety procedures or equipment, or facility failures. Please give the details.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Submitted by: \_\_\_\_\_
Name and Signature

Date: \_\_\_\_\_