

(Unofficial Translation)

**NOTIFICATION OF THE DEPARTMENT OF MEDICAL SCIENCES
RE: DETERMINATION OF FORMS UNDER THE NOTIFICATION OF THE MINISTRY OF PUBLIC HEALTH
REGARDING RESEARCH STUDY FOR DISEASE CONTROL, DISEASE PREVENTION, AND DISEASE
TREATMENT B.E. 2561 (2018) B.E. 2561 (2018)**

By the virtue of Chapter 4 Clause 7 (1) of the Notification of the Ministry of Public Health Regarding Research Study for Disease Control, Disease Prevention, and Disease Treatment B.E. 2561 (2018), persons wishing to conduct research studies of Group 4 Pathogens or Group 3 Animal Toxins shall submit a request to conduct research studies of Group 4 Pathogens and Group 3 Animal Toxins using the (Or.WorJor.) forms as in the attachments to this notification.

This notification shall come into force on the day following the date of its publication in the Government Gazette.

Notified on the 4th day of May B.E.2561 (2018)
Sukhum Kanchanapimai
Director-General of the Department of Medical Science

Form to Request a Research Study of Group 4 Pathogens and Group 3 Animal Toxins

under the Notification of the Ministry of Public Health Regarding Research Study for Disease Control, Disease Prevention, and Disease Treatment B.E. 2561 (2018)

Person requesting the license	<p>(Please place <input checked="" type="checkbox"/> in <input type="checkbox"/> in front of the desired text)</p> <p><input type="checkbox"/> Natural person</p> <p>Name.....Age.....years old Nationality.....</p> <p><input type="checkbox"/> National ID Number.....</p> <p><input type="checkbox"/> Alien Certificate Number.....</p> <p>Date of Issuance.....Date of Expiration.....Issued at District.....</p> <p>Province..... Address.....Village No.....Alley/Soi.....Road.....</p> <p>Sub-district.....District.....Province..... Postcode.....</p> <p>Tel.....Fax.....</p>
	<p><input type="checkbox"/> Juristic person Type.....Name.....</p> <p>Date of Incorporation.....Registration Number.....</p> <p>Address.....Village No.....Alley/Soi.....Road.....</p> <p>Sub-district.....District.....Province.....</p> <p>Postcode.....Phone number.....</p> <p>With Representative or Attorney Name.....Position.....</p> <p>Age.....years Nationality.....</p> <p><input type="checkbox"/> National ID Number.....</p> <p><input type="checkbox"/> Alien Certificate Number.....</p> <p>Date of Issuance.....Date of Expiration.....Issued at District.....</p> <p>Province..... Address.....Village No.....Alley/Soi.....Road.....</p> <p>Sub-district.....District.....Province..... Postcode.....</p> <p>Tel.....Fax.....</p> <p>Note: 1. In case that the juristic person is the submitter, a corporate stamp (if applicable) shall be placed in the signature box of the person requesting the license.</p> <p>2. In case of power of attorney, a copy of the grantor's and the grantee's national ID card shall be attached herewith.</p>
Operator	<p>1. Name.....Age.....years old</p> <p>Address.....Village No.....Alley/Soi.....Road.....Sub-district.....</p> <p>District.....Province.....Postcode.....Tel.....Fax.....</p> <p>E-mail address.....</p> <p>2. Name.....Age.....years old</p> <p>Address.....Village No.....Alley/Soi.....Road.....Sub-district.....</p> <p>District.....Province..... Postcode.....Tel.....Fax.....</p> <p>E-mail address.....</p> <p>(If there are more than two persons, an additional document shall be attached.)</p>

Form to Request a Research Study of Group 4 Pathogens and Group 3 Animal Toxins

under the Notification of the Ministry of Public Health Regarding Research Study for Disease Control, Disease Prevention, and Disease Treatment B.E. 2561 (2018)

Operation Personnel	<p>1. Name.....Age.....years old Address.....Moo.....Alley/Soi.....Street..... Subdistrict.....District.....Province..... Postcode.....Phone number.....Fax number..... E-mail address.....</p> <p>2. Name.....Age.....years old Address.....Moo.....Alley/Soi.....Street..... Subdistrict.....District.....Province..... Postcode.....Phone number.....Fax number..... E-mail address.....</p> <p>(If there are more than two persons, an additional document shall be attached.)</p>																																																																				
List of Pathogens or Animal Toxins	<p>Wish to apply for a license to conduct a research study of pathogens or animal toxins as shown in the following list:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 5%;">No.</th> <th colspan="2" style="width: 40%;">Name of Pathogens/Animal Toxins</th> <th rowspan="2" style="width: 10%;">Group</th> <th rowspan="2" style="width: 20%;">Pathogen/Animal Toxin Code</th> <th rowspan="2" style="width: 25%;">Amount/Quantity (Unit)</th> </tr> <tr> <th style="width: 15%;">Genus</th> <th style="width: 25%;">Species</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">7</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">8</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">9</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">10</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>(If there are more than 10 pathogens or animal toxins, an additional document shall be attached.)</p>	No.	Name of Pathogens/Animal Toxins		Group	Pathogen/Animal Toxin Code	Amount/Quantity (Unit)	Genus	Species	1						2						3						4						5						6						7						8						9						10					
No.	Name of Pathogens/Animal Toxins		Group	Pathogen/Animal Toxin Code				Amount/Quantity (Unit)																																																													
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Form to Request a Research Study of Group 4 Pathogens and Group 3 Animal Toxins

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Place of Research Study	Name..... Address.....Room.....Floor.....Building..... Village No.....Alley/Soi.....Road.....Sub-district..... District.....Province.....Postcode..... Phone number.....Fax number..... (If there are more than one place of research study of pathogens or animal toxins, an additional document shall be attached.)
Place of Storage of Pathogens or Animal Toxins	Name..... Address.....Room.....Floor.....Building..... Village No.....Alley/Soi.....Road.....Sub-district..... District.....Province.....Postcode..... Phone number.....Fax number..... (If there are more than one place of storage of pathogens or animal toxins, an additional document shall be attached.)

Documents or Evidence Required for Form to Request a Research Study	
Person requesting the license	<p>(1) A copy of certificate of incorporation which has been approved by the government agency no more than three months. (In case of an individual, this is not required.)</p> <p>(2) A copy of a national ID card or an ID card of a person who is exempt from having a national ID card or an alien certificate</p> <p>(3) A medical certificate</p> <p>(4) A power of attorney of the juristic person's authorized person, in case the person submitting the request is the attorney, attached with a 30-baht stamp</p> <p>(5) A map showing the location of the place of research study of pathogens or animal toxins and buildings in the nearby area</p> <p>(6) A layout plan showing the buildings in the place of research study and the place where the pathogens or animal toxins are stored in the correct scale</p> <p style="padding-left: 40px;">(A) Room partition, area, or areas used for conducting the research study on pathogens or animal toxins or for storing pathogens or animal toxins</p> <p style="padding-left: 40px;">(B) Location for storing pathogens or animal toxins</p> <p style="padding-left: 40px;">(C) Pipe or drain, systems and procedures for disposing polluted or waste water</p> <p>(7) Details of the research study project consisting of the objectives of the research study, place, tools and equipment, details about the operators and operation personnel, amount or quantity of pathogens or animal toxins, and experimental methods</p> <p>(8) A report of safety evaluation of technologies used for producing pathogens or animal toxins</p> <p>(9) Other documents (if any)</p>

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Operator	<p>(1) A copy of a national ID card or an ID card of a person who is exempt from having a national ID card or an alien certificate</p> <p>(2) A medical certificate</p> <p>(3) Evidence showing qualifications (choose one of the following)</p> <p><input type="checkbox"/> A copy of medical practitioner license or professional license or a degree in Science in Microbiology or fields related to pathogens or animal toxins at the degree level of at least 12 credits</p> <p><input type="checkbox"/> A certificate of continuous operational experience related to pathogens or animal toxins for at least three years (In case of receiving a degree in other fields)</p> <p><input type="checkbox"/> A copy of a diploma with toxicology studies (In case of operation related to animal toxins or biological substances)</p> <p><input type="checkbox"/> A certificate of completion of toxicology education or other fields related to toxicology at the degree level of at least three credits (In case of operation related to animal toxins or biological substances)</p> <p><input type="checkbox"/> Others.....</p>
Operation Personnel	<p>(1) A copy of a national ID card or an ID card of a person who is exempt from having a national ID card or an alien certificate</p> <p>(2) A medical certificate</p> <p>(3) Evidence showing qualifications (choose one of the following)</p> <p><input type="checkbox"/> A copy of medical practitioner license or professional license or a degree in Science in Microbiology or fields related to pathogens or animal toxins at the degree level of at least 6 credits</p> <p><input type="checkbox"/> A certificate of continuous operational experience related to pathogens or animal toxins for at least three years (In case of receiving a degree in other fields)</p> <p><input type="checkbox"/> A copy of a diploma with toxicology studies (In case of operation related to animal toxins or biological substances)</p> <p><input type="checkbox"/> A certificate of completion of toxicology education or other fields related to toxicology at the degree level of at least three credits (In case of operation related to animal toxins or biological substances)</p> <p><input type="checkbox"/> Others.....</p>

<p>Person requesting a license</p> <p>I hereby certify that the above information are entirely true and correct as well as the related documents, whether the original or its copy.</p> <p>(Signature)..... (.....)</p> <p align="center">Person requesting the license</p> <p>Date.....Month.....Year.....</p>	<p>Officer</p> <p>I hereby certify that I have received the Form to Request a Research Study of Group 4 Pathogens and Group 3 Animal Toxins as well as its evidence.</p> <p>(Signature)..... (.....)</p> <p align="center">Officer</p> <p>Date.....Month.....Year.....</p>
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