



MINISTRY OF HEALTH
SINGAPORE

Healthcare Application and Licensing Portal (HALP)
Internet User Guide – Facility

Reference ID :

Version Number : 1.0 Part 4

Prepared by : Toppan Ecquaria Pte. Ltd.

Contents

1. REPORTABLE EVENT.....	3
1.1. Stage 1: Submit Incident Notification	3
1.2. Stage 2: Submit Investigation Report.....	11
1.3. Stage 3: Submit Follow-up on Investigation Report.....	20
2. INVENTORY NOTIFICATION	26
2.1. Request for Transfer	28
2.2. Notification of Transfer	35
2.3. Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP) 44	
2.4. Notification of Failure to Receive.....	53
2.5. Notification of Receipt (from Facility Not Registered with Biosafety in HALP)	62
2.6. Notification of Export.....	71
2.7. Notification of Consumption for Fifth Schedule Toxin.....	79
2.8. Notification of Complete Destruction and/or Disposal of Stock Inventory.....	85
2.9. Notification of Inventory Adjustment	91
3. FACILITY DATA SUBMISSION	97
3.1. Red Teaming Report and Facility Physical Security Report	98
3.2. Half-Yearly Toxin Report.....	103
3.3. Self-Inspection Report.....	110
3.4. Lentivirus Report.....	114
3.5. Poliovirus Inventory Reporting (Registered Facility).....	118
3.6. Poliovirus Inventory Reporting (Certified Facility).....	125
3.7. Other Data Submission.....	130

Disclaimer: The screenshots provided in this user guide are for illustrative purposes only. They serve as examples to demonstrate the layout and functionality of the user interface in the Healthcare Application and Licensing Portal - Biosafety Module. Please note that the values shown in certain fields, such as dates, application number, or user-specific information including Facility Name may not reflect actual or consistent data, unlike what a user would expect to see in the live system.

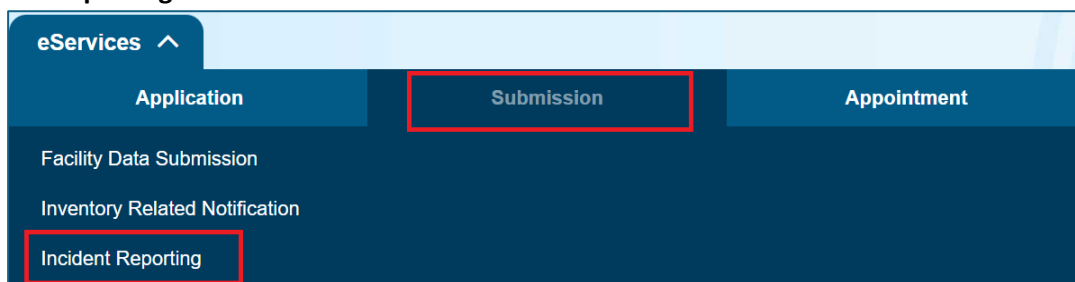
1. REPORTABLE EVENT

This section describes the steps to submit information related incidents and near misses in the following stages:

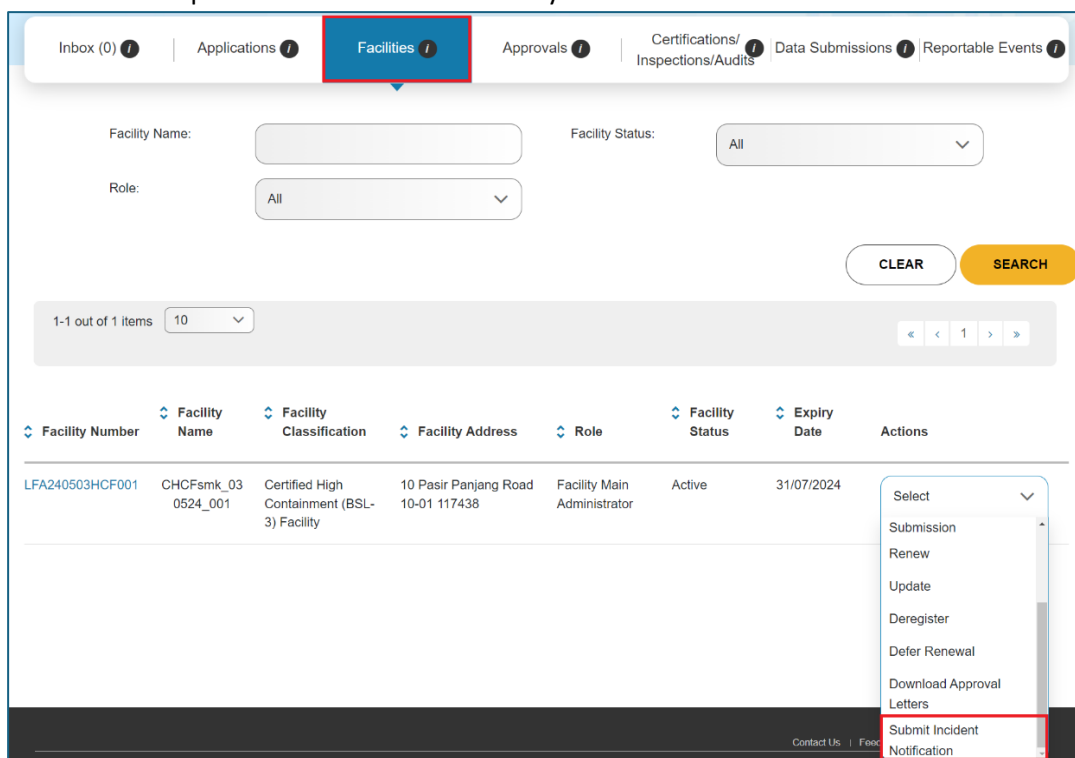
- [Stage 1: Submit Incident Notification](#) (as soon as possible after occurrence)
- [Stage 2: Submit Investigation Report](#) (within 30 days of occurrence)
- [Stage 3: Submit Follow-up on Investigation Report](#) (if applicable)

1.1. Stage 1: Submit Incident Notification

- At the **Dashboard**, hover over **eServices**, hover over **Submission** and click **Incident Reporting**.



- System will redirect to the **Facilities** tab. Select **Submit Incident Notification** from the **Actions** dropdown for the intended facility.



3. System will redirect to **New Reportable Event (Incident Notification)** page. Click **SAVE AS DRAFT** at any point to save progress.

New Reportable Event

You are submitting an Incident Notification

Please ensure you have all the necessary information for submission. If you are unable to complete the form pending mandatory information, please submit a preliminary notification with currently available information to MOH_Biosafety@moh.gov.sg. Please follow-up with the submission of the completed Incident Notification form when the rest of the information is available.

Facility Details

Facility No.	LFA240503HCF001
Facility Name	CHCFamrk_630524_001
Facility Classification	Certified High Containment (BSL-3) Facility
Facility Activity Type	Possession of First and/or Second Schedule Biological Agent, Possession of Fifth Schedule Toxin
Facility Address	10 Passi Panjang Road 10-01 117435

Details of Person Reporting the Incident

Name	Daniel
Contact No.	99999999

Incident Details

Category [?] ☐ Adverse incident or accident ☐ Near miss

Incident Type *

Incident Sub-Type *

Name of Biological Agent/Toxin Involved

Date of Occurrence *

Time of Occurrence *

Location of Incident *

Description of Incident * [?]

Is there possibility of release of the biological agent or toxin outside of the facility? * ☐ Yes ☐ No

Did the incident involve any personnel? * ☐ Yes ☐ No

Description of the immediate emergency response that was taken *

Description of the immediate corrective action that was taken *

Supporting Documents

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT
- Please ensure that the corresponding Document Type is selected for each uploaded document

Others

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate.

[Back](#)

4. Fill in all fields under Incident Details.

Incident Details

Category * 

☐ Adverse Incident or accident ☐ Near miss

Incident Type *

-- Select -- 

Incident Sub-Type *

-- Select -- 

Name of Biological Agent/Toxin Involved

-- Select -- 

Date of Occurrence *

dd/mm/yyyy

Time of Occurrence *

Please Select 

Please Select 

Location of Incident *

Description of Incident * 

5. If **Yes** is selected for “Is there possibility of release of the biological agent or toxin outside of the facility?”, enter the **Mode of Release** and **Extent of Release**. If **No** is selected, proceed to step 6.

Is there possibility of release of the biological agent or toxin outside of the facility? *

☒ Yes ☐ No

Mode of Release *

Extent of Release *

6. If **Yes** is selected for “**Did the incident involve any personnel?**”, enter the **Number of personnel involved or affected**. If **No** is selected, proceed to step 11.

Did the incident involve any personnel? *	☒ Yes ☐ No
Number of personnel involved or affected *	<input type="text"/>

7. If **Yes** is selected for “**Did the incident involve any personnel?**”, provide the relevant details for the **Personnel Involved**. Fill the **highlighted** fields.

Personnel Involved	
<hr/>	
Person 1	
<hr/>	
Name *	<input type="text"/>
Contact No. *	<input type="text"/>
Designation *	<input type="text"/>
Was the personnel injured? *	☐ Yes ☐ No
Description of involvement * 	<input type="text"/>
Was the person involved sent for medical consultation/treatment *	☐ Yes ☐ No
+ Add Another Person	

8. If **Yes** is selected for “**Was the person involved sent for medical consultation/treatment**”, provide the relevant **Details related to Medical Consultation/Treatment**. Fill the **highlighted** fields.

Was the person involved sent for medical consultation/treatment *

☒ Yes ☐ No

Details related to Medical Consultation/Treatment

Name of Medical Practitioner *

Name of Hospital/Clinic *

Description of findings, test(s) performed, treatment
Note: MOH Biosafety Branch is to be informed as soon as possible of any positive test result which suggests a possibility of exposure or infection *

Is subsequent medical follow-up required/advised? *

☐ Yes ☐ No

9. Click **+Add Another Person** to add another **Personnel Involved** section to capture the details for each identified person involved in the incident.

Note: Repeat steps 8 and 9 for each identified person.

+ Add Another Person

10. Click X to remove the fields for the additional personnel, if applicable.

Person 2

Name *

Contact No. *

Designation *

Was the personnel injured? *

☐ Yes

☐ No

Description of involvement *

Was the person involved sent for medical consultation/treatment *

☐ Yes

☐ No

11. Enter the **Description of the immediate emergency response that was taken** and the **Description of the immediate corrective action that was taken**. Click **UPLOAD** to attach supporting document, if any.

Description of the immediate emergency response that was taken *

Description of the immediate corrective action that was taken *

Supporting Documents

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT
- Please ensure that the corresponding Document Type is selected for each uploaded document

Others

UPLOAD

Page | 8

12. **Enter Remarks**, if applicable. Ensure all mandatory fields have been completed. **Mark** the checkbox for the **declaration** and click **SUBMIT**.

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate.

[< Back](#)

SAVE AS DRAFT

CANCEL

SUBMIT

13. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

New Reportable Event

Your submission is successful.

Submission of Incident Notification for CHCFsmk_030524_001

We will notify you of the status of the application or if additional information is required.

Application Number	Date & Time
P240507HCF011	07/05/2024 17:46:05

PRINT

HOME

14. From the **Dashboard**, click the **Reportable Events** tab. Verify that the status of the submitted incident is **Pending MOH**.

Inbox (1)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Facility Name:

Category

All

Status

All

Incident Type

All

Name of Biological
Agent/Toxin Involved:

Incident Sub-type

All

Date of Occurrence From:

dd/mm/yyyy

Date of Occurrence To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<< < 1 > >>>

Application No.	Facility Name	Facility Address	Category	Incident Type	Name of Biological Agent/Toxin Involved	Reported By	Status	Date of Occurrence	Actions
P240507HCF011	CHCFsmk_03 0524_001	10 Pasir Panjang Road 10-01 117438	Adverse incident or accident	Biosafety related incident		Daniel	Pending MOH	06/05/2024 02:03:00	Select

1.2. Stage 2: Submit Investigation Report

The facility shall submit the detailed investigation report within 30 days of the incident notification. Notification will be sent to the facility to submit the Investigation Report after MOH has acknowledged the submission of the Incident Notification.

1. The facility receives a notification to **Submit Investigation Report** with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

New Messages **1** Application Drafts **0** Active Facilities **1** Active Approvals **2**

Last Login: | Last Activity: N/A, On

Inbox (1) Applications Facilities Approvals Certifications/Inspections/Audits Data Submissions Reportable Events

Message Type: Please Select Submission Type: Please Select Search your keywords Q

Date From: 07/05/2024 Date To: dd/mm/yyyy

1-2 out of 2 items 10 « < 1 > »

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Submit Investigation Report for P240507HCF011	Action Required	CHCFsmk_030524_00	N240507HCF076	Investigation Report	07/05/2024 18:00:23
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - P240507HCF011	Notification – System generated email notification	CHCFsmk_030524_00	N240507HCF074	Incident Notification	07/05/2024 17:46:05

2. The message content will be displayed. Click the **here** hyperlink to submit the investigation report.

Message Content

Dear Daniel,

Please submit the Investigation Report for the following:

Incident: Biosafety related incident - P240507HCF011
Facility Name: CHCFsmk_030524_001

Please click [here](#) to submit the Investigation Report.

Thank you.

Regards
Biosafety Branch
Ministry of Health

[< Back](#)

Alternatively, click the **Reportable Events** tab, select **Submit Investigation Report** from the **Actions** dropdown for the task with status **Pending Investigation Report**.

Inbox (69)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Facility Name:

Category

All

Status

All

Incident Type

All

Name of Biological Agent/Toxin Involved:

Incident Sub-type

All

Date of Occurrence From:

dd/mm/yyyy

Date of Occurrence To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<< < 1 > >>>

Application No.	Facility Name	Facility Address	Category	Incident Type	Name of Biological Agent/Toxin Involved	Reported By	Status	Date of Occurrence	Actions
P240115HCF036	CHCF-00001	10 Pasir Panjang Road 10-01 117438	Adverse incident or accident	Biosafety related incident	AKABANE VIRUS	John Doe	Pending Investigation Report	03/01/2024 00:00:00	<div>Select</div> <div>Select</div> <div>Submit Investigation report</div> <div>Withdraw</div>

3. System will redirect to **New Reportable Event** page. Click the **Investigation Report** tab. Click **SAVE AS DRAFT** at any point to save progress.

New Reportable Event

You are submitting the Investigation Report

Incident Notification

Investigation Report

Incident Details

Incident No.	P240507HCF011
Category	Adverse incident or accident
Incident Type	Biosafety related incident
Incident Sub-Type	Suspected Infection
Facility Name	CHCFamk_030524_001
Date of Occurrence	06/05/2024
Biological Agent/Toxin Involved	
Description of Incident	Loss of proven documents

Incident Investigation Details

Additional Details Related to the Incident

Cause of the Incident (Including Probable Cause) *

☐ Deficiencies in policy and procedures (lack of policy and/or SOP that identifies and fully addresses the hazard, inadequate risk assessment)

☐ Deficiencies in training (lack of or insufficient training, lack of competent trainer)

☐ Equipment fault/failure (spoil or faulty equipment)

☐ Facility engineering fault/failure (Fault in the air conditioning and mechanical ventilation system, the supply and exhaust system, plumbing system, etc.)

☐ Issues with Personal Protective Equipment (inadequate, wrong usage, faulty)

☐ Inadequate equipment (e.g. lack of proper equipment or tools needed for the work to be performed safely)

☐ Environmental Factors (inadequate space for the work, slippery floor, noisy environment, inadequate lighting)

☐ Human Behavioural Factor(s) (staff did not follow SOP, improper use of equipment)

☐ Human Performance Issues (staff was unwell, physical disability)

☐ Others, please specify

Medical Investigation Updates

Person 1

Name of Personnel	John
Updates on medical investigation/follow-up *	
Is subsequent medical follow-up required/advised? *	☐ Yes ☐ No

+ Add Another Person

Investigation Team

Name of Investigator *

+ Add Another Investigator

Supporting Documents

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT
- Please ensure that the corresponding Document Type is selected for each uploaded document

Others

UPLOAD

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate

< Back

SAVE AS DRAFT

CANCEL

SUBMIT

4. Fill in the highlighted fields under **Incident Investigation Details**. Enter **Additional Details Related to the Incident** that was not provided in the notification, if applicable. Select the **checkbox(es)** to indicate all identified **Cause of the Incident (including Probable Cause)**.

Incident Investigation Details

Additional Details Related to the Incident

Cause of the Incident (Including Probable Cause) *

☐ Deficiencies in policy and procedures (lack of policy and/or SOP that identifies and fully addresses the hazard, inadequate risk assessment)

☐ Deficiencies in training (lack of or insufficient training, lack of competent trainer)

☐ Equipment fault/failure (spoilt or faulty equipment)

☐ Facility engineering fault/failure (Fault in the air conditioning and mechanical ventilation system, the supply and exhaust system, plumbing system, etc.)

☐ Issues with Personal Protective Equipment (inadequate, wrong usage, faulty)

☐ Inadequate equipment (e.g. lack of proper equipment or tools needed for the work to be performed safely)

☐ Environmental Factors (inadequate space for the work, slippery floor, noisy environment, inadequate lighting)

☐ Human Behavioural Factor(s) (staff did not follow SOP, improper use of equipment)

☐ Human Performance Issues (staff was unwell, physical disability)

☐ Others, please specify

5. For each selected checkbox, enter the **Details Related to the Identified/Probable Cause** and the **Corrective and/or Preventive Measures** (taken by the facility) **to Address the Identified/Probable Cause**. Select whether the **Implementation of the Corrective and/or Preventive Measures is Completed**. If implementation is **completed**, provide the **Date of Completion of Corrective Action**, if implementation is **not yet completed**, provide the **target Date for Completion of Corrective Action**.

Cause of the Incident (Including Probable Cause) * 		☒ Deficiencies in policy and procedures (lack of policy and/or SOP that identifies and fully addresses the hazard, inadequate risk assessment)
Details Related to the Identified/Probable Cause *		<div></div>
Corrective and/or Preventive Measures to Address the Identified/Probable Cause *		<div></div>
Implementation of the Corrective and/or Preventive Measures is Completed *		☐ Yes ☐ No
Date of Completion of Corrective Action (including target date) *		<div>dd/mm/yyyy</div>

6. Fill in the highlighted fields under the **Medical Investigation Updates** section, if section is displayed.

Note: Medical Investigation Updates is applicable if the need for medical follow-up of the personnel involved was indicated during Incident Notification.

Medical Investigation Updates

Person

Name of Personnel

John

Updates on medical investigation/follow-up *

Is subsequent medical follow-up required/advised? *

☒ Yes

☐ No

Expected Date of Follow-up *

dd/mm/yyyy

+ Add Another Person

7. Click **+Add Another Person** to add another **Personnel Involved** section, if applicable and proceed to step 8. Otherwise, proceed to step 9.

Note: This function is used to include details of any additional personnel involved identified after the incident notification has been submitted.

+ Add Another Person

8. Fill in the **mandatory fields** for the personnel involved or **click X** to remove the fields for the additional personnel, if applicable.

Person 2

Name *

Contact No. *

Designation *

Was the personnel injured? *

☐ Yes

☐ No

Description of involvement *

Was the person involved sent for medical consultation/treatment *

☐ Yes

☐ No

+ Add Another Person

9. Fill in the **mandatory fields** under the **Investigation Team** section. Click **+Add Another Investigator** for each investigator in the team. Enter the **Name of the Investigator** and **his/her designation**, e.g. Zhang Ee San (Biosafety Coordinator).

Investigation Team

Name of Investigator *

+ Add Another Investigator

10. Click **DELETE** to remove the added field, if applicable.

Investigation Team

Name of Investigator *

Name of Investigator *

DELETE

Name of Investigator *

DELETE

+ Add Another Investigator

11. Click **UPLOAD** to attach supporting documents, if applicable. Enter **Remarks**, if applicable. Ensure all mandatory fields have been completed. **Mark** the checkbox for the **declaration** and click **SUBMIT**.

Supporting Documents

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT
- Please ensure that the corresponding Document Type is selected for each uploaded document

Others

UPLOAD

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate

< Back

SAVE AS DRAFT

CANCEL

SUBMIT

12. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

New Reportable Event

Your submission is successful.

Submission of Investigation Report for CHCFsmk_030524_001

We will notify you of the status of the application or if additional information is required.

Application Number	Date & Time
P240507HCF011	07/05/2024 18:19:06

PRINT

HOME

13. From the **Dashboard**, click the **Reportable Events** tab. Verify that the status is **Pending MOH**.

Inbox (1)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Category

All

Incident Type

All

Incident Sub-type

All

Date of Occurrence From:

dd/mm/yyyy

Facility Name:

Status

All

Name of Biological
Agent/Toxin Involved:

Date of Occurrence To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<

<

1

>

>>

Application No.	Facility Name	Facility Address	Category	Incident Type	Name of Biological Agent/Toxin Involved	Reported By	Status	Date of Occurrence	Actions
P240507HCF011	CHCFsmk_03 0524_001	10 Pasir Panjang Road 10-01 117438	Adverse incident or accident	Biosafety related incident		Daniel	Pending MOH	06/05/2024 02:03:00	<div>Select</div>

Page | 19

1.3. Stage 3: Submit Follow-up on Investigation Report

There are two types of follow-up after the submission of the investigation report, namely, the follow-up on the implementation of corrective and/or preventive measures that have yet to be completed, and medical follow-up of personnel involved. The data fields related to each type of follow-up will only be displayed, where applicable.

1. The facility receives a notification to **Submit Investigation Follow -up** with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows a web application interface with a top navigation bar containing tabs: 'Inbox (1)', 'Applications', 'Facilities', 'Approvals', 'Certifications/Inspections/Audits', 'Data Submissions', and 'Reportable Events'. Below the navigation bar is a filter section with 'Message Type' and 'Submission Type' dropdowns (both set to 'Please Select'), a 'Date From' field (07/05/2024), a 'Date To' field (dd/mm/yyyy), and a search bar. A pagination bar shows '1-5 out of 5 items' and a dropdown set to '10'. Below this is a table with columns: Subject, Message Type, Facility Name, Reference Number, Submission Type, and Date of Notification. One row is highlighted with a red box, containing the following data: Subject: 'MOH Biosafety - [For Action]: Submit Investigation Follow-up for P240507HCF011', Message Type: 'Action Required', Facility Name: 'CHCFsmk_030524_001', Reference Number: 'N240507HCF082', Submission Type: 'Investigation Follow-up', and Date of Notification: '07/05/2024 18:25:50'.

2. The message content will be displayed. Click the **here** hyperlink to submit the follow-up information.

The screenshot shows a 'Message Content' page. The message is addressed to 'Daniel' and is from the 'Biosafety Branch, Ministry of Health'. It contains the following text: 'Dear Daniel, Please submit the investigation follow-up for the following: Incident: Biosafety related incident - P240507HCF011 Facility Name: CHCFsmk_030524_001 Due date: 15/05/2024 Please click here to submit the information. Thank you. Regards Biosafety Branch Ministry of Health'. The word 'here' is highlighted with a red box. At the bottom of the page, there is a '< Back' link.

Alternatively, click the **Reportable Events** tab, select **Submit Investigation Follow-up** from the **Actions** dropdown for the task with status **Pending Investigation Follow-Up Submission**.

Inbox (3)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Facility Name:

Category

All

Status

All

Incident Type

All

Name of Biological Agent/Toxin Involved:

Incident Sub-type

All

Date of Occurrence From:

dd/mm/yyyy

Date of Occurrence To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<<1>>>

Application No.	Facility Name	Facility Address	Category	Incident Type	Name of Biological Agent/Toxin Involved	Reported By	Status	Date of Occurrence	Actions
P240507HCF011	CHCFsmk_03 0524_001	10 Pasir Panjang Road 10-01 117438	Adverse incident or accident	Biosafety related incident		Daniel	Pending Investigation Follow-Up Submission	06/05/2024 02:03:00	<div><div>Select</div><div>Select</div><div>Submit Investigation Follow-up</div><div>Request Extension of Due Date</div><div>Withdraw</div></div>

3. System will redirect to **New Reportable Event** page. Click the **Investigation Follow-Up** tab. Click **SAVE AS DRAFT** at any point to save progress.

New Reportable Event

You are submitting the **Investigation Follow-Up**

Incident Notification

Investigation Report

Investigation Follow-Up

Corrective/Preventive Action Follow-up

Details Related to the Identified/Probable Cause	Sample Details
Corrective and/or Preventive Measures to Address the Identified/Probable Cause	Sample Details
Completion Due Date	08/05/2024
Implementation of the Corrective and/or Preventive Measures is Completed *	☐ Yes ☐ No
Details of Implementation *	

Medical Follow-up

Person 1

Name of Personnel	John
Updates on medical investigation/follow-up *	
Is subsequent medical follow-up still required/advised? *	☐ Yes ☐ No

+ Add Another Person

Request extension of due date ? ☐

Supporting Documents

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT
- Please ensure that the corresponding Document Type is selected for each uploaded document

Others

UPLOAD

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate

Remarks History

User	Remarks	Last Update
------	---------	-------------

< Back

SAVE AS DRAFT

CANCEL

SUBMIT

4. Fill in the highlighted fields under **Corrective/Preventive Action Follow-Up** section, if applicable.

New Reportable Event

You are submitting the **Investigation Follow-Up**

Incident Notification

Investigation Report

Investigation Follow-Up

Corrective/Preventive Action Follow-up

Details Related to the Identified/Probable Cause	Sample Details
Corrective and/or Preventive Measures to Address the Identified/Probable Cause	Sample Details
Completion Due Date	08/05/2024
Implementation of the Corrective and/or Preventive Measures is Completed *	☒ Yes ☐ No
Details of Implementation *	

5. Fill in the highlighted fields under **Medical Follow-Up** section, if applicable.

Medical Follow-up

Person 1

Name of Personnel	John
Updates on medical investigation/follow-up *	
Is subsequent medical follow-up still required/advised? *	☐ Yes ☐ No

[+ Add Another Person](#)

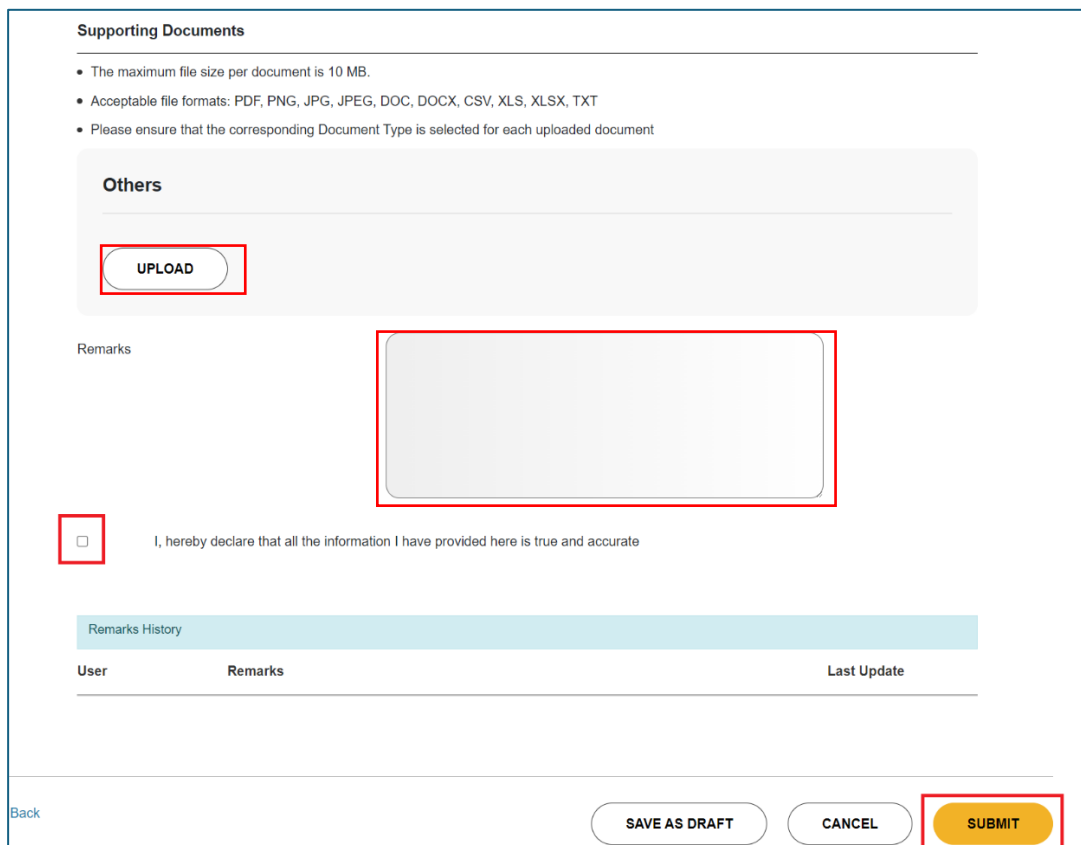
6. Click **+Add Another Person** to add another **Personnel Involved** section, if applicable. Refer to [MOH HALP Internet - Facility User Guide Part 3 Section 4.2 step 8](#) for details. *Note: This function is used to include details of any additional personnel involved identified after the investigation report has been submitted.*

A rectangular button with a blue border and a red highlight. The text inside is "+ Add Another Person" in blue.

7. **Mark** the checkbox for **Request extension of due date** and **enter** the **Reason for extension including the target completion date**, if additional time is required to complete the follow-up.

A form section with a red border. At the top, there is a checkbox labeled "Request extension of due date" with a blue checkmark. Below this is a text input field labeled "Reason for extension *". To the right of the text field is a large, empty rectangular box for additional information.

8. Click **UPLOAD** to attach supporting document, if applicable. **Enter Remarks**, if applicable. Ensure all mandatory fields have been completed. **Mark** the checkbox for the **declaration** and click **SUBMIT**.

A form section with a blue border. It contains several elements: a "Supporting Documents" section with a list of instructions; an "Others" section with an "UPLOAD" button; a "Remarks" section with a large text input field; a declaration checkbox with the text "I, hereby declare that all the information I have provided here is true and accurate"; a "Remarks History" table with columns "User", "Remarks", and "Last Update"; and a footer with "Back", "SAVE AS DRAFT", "CANCEL", and "SUBMIT" buttons. The "UPLOAD" button, the declaration checkbox, and the "SUBMIT" button are highlighted with red boxes.

9. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

New Reportable Event

Your submission is successful.

Submission of Investigation Follow-Up for CHCFsmk_030524_001

We will notify you of the status of the application or if additional information is required.

Application Number	Date & Time
P240507HCF011	07/05/2024 18:31:55

PRINTHOME

10. From the **Dashboard**, click the **Reportable Events** tab. Verify that the status is **Pending MOH**.

Inbox (1)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
Category
Incident Type
Incident Sub-type
Date of Occurrence From:

All

All

All

dd/mm/yyyy

Facility Name:
Status
Name of Biological
Agent/Toxin Involved:
Date of Occurrence To:

All

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<

<

1

>

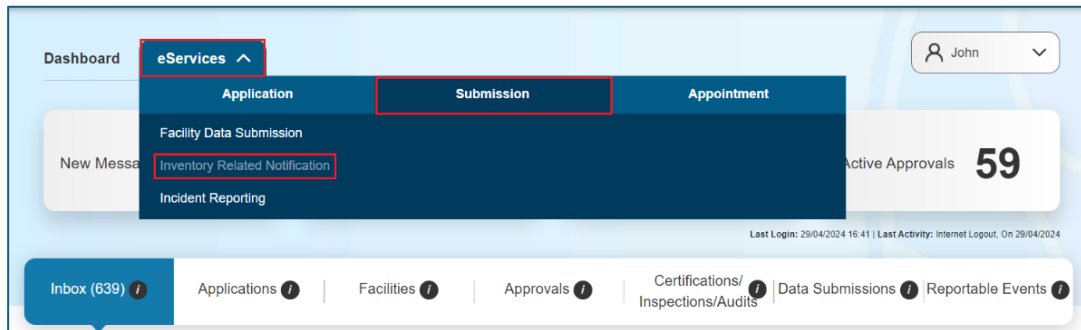
>>

Application No.	Facility Name	Facility Address	Category	Incident Type	Name of Biological Agent/Toxin Involved	Reported By	Status	Date of Occurrence	Actions
P240507HCF011	CHCFsmk_030524_001	10 Pasir Panjang Road 10-01 117438	Adverse incident or accident	Biosafety related incident		Daniel	Pending MOH	06/05/2024 02:03:00	Select

2. INVENTORY NOTIFICATION

This section describes the steps to submit various types of inventory notifications.

1. At the **Dashboard**, hover over **eServices**, hover over **Submission** and click **Inventory Related Notification**.



2. System will redirect to the **Facilities** tab. Select **Inventory Notification** from the **Actions** dropdown for the intended facility.

Facility Number	Facility Name	Facility Classification	Facility Address	Role	Facility Status	Expiry Date	Actions
LFA240423HCF003	BSL-3 ST 23/04	Certified High Containment (BSL-3) Facility	10 Pasir Panjang Road 10-01 117438	Facility Main Administrator	Active	01/06/2024	Select
LFA240422MCF001	CMCF BSL-4	Certified Maximum Containment (BSL-4) Facility	10 Pasir Panjang Road 10-01 117438	Facility Main Administrator	Active	04/05/2024	Select
LFA240418HCF002	New Data Test Insp 17/04	Certified High Containment (BSL-3) Facility	10 Pasir Panjang Road 10-01 117438	Facility Main Administrator	Suspended (Others)	20/04/2024	Select Apply for Approval Inventory Notification
LFA240418HCF001	CHCF Insp ST 17/04 RFC	Certified High Containment (BSL-3) Facility	10 Pasir Panjang Road 10-01 117438	Facility Main Administrator	Suspended (Others)	21/04/2024	Facility Data Submission Renew Update Deregister
LFA240417HCF001	CHCF ST 17/04 RFC1	Certified High Containment (BSL-3) Facility	10 Pasir Panjang Road 10-01 117438	Facility Main Administrator	Active	02/05/2024	

3. The system will redirect to the **Inventory Related Notification** page. From here onwards, the steps may differ depending on the the type of notification selected. Refer to the relevant section for the steps to submit the specific inventory notification:
- [Request for Transfer](#)
 - [Notification of Transfer](#)
 - [Acknowledgement of Receipt of Transfer \(from Facility Registered with Biosafety in HALP\)](#)
 - [Notification of Failure to Receive](#)
 - [Notification of Export](#)
 - [Notification of Receipt \(from Facility Not Registered with Biosafety in HALP\)](#)
 - [Notification of Consumption of Fifth Schedule Toxin](#)
 - [Notification of Complete Destruction and/or Disposal of Stock Inventory](#)
 - [Notification of Inventory Adjustment](#)

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

☐ Request for Transfer

☐ Notification of Transfer

☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)

☐ Notification of Failure to Receive

☐ Notification of Export

☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)

☐ Notification of Consumption for Fifth Schedule Toxin

☐ Notification of Complete Destruction and/or Disposal of Stock Inventory

☐ Notification of Inventory Adjustment

[< Back](#)

[NEXT](#)

2.1. Request for Transfer

The Request for Transfer is submitted by the receiving facility (transferee) to request for transfer of biological agents or toxins from the transferring facility (transferor).

To submit a Request for Transfer, the receiving facility must have valid Approval to Possess the biological agent or toxin, and the status of the facility must be “Active”. The transferring facility must be registered with Biosafety in HALP (as a Certified Facility, Uncertified Facility or a Biomanufacturing Facility) and its status must be “Active” or “Suspended (conditional inventory movement)”.

1. Select **Request for Transfer** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

- ☒ Request for Transfer
- ☐ Notification of Transfer
- ☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)
- ☐ Notification of Failure to Receive
- ☐ Notification of Export
- ☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)
- ☐ Notification of Consumption for Fifth Schedule Toxin
- ☐ Notification of Complete Destruction and/or Disposal of Stock Inventory
- ☐ Notification of Inventory Adjustment

[< Back](#) **NEXT**

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- Request for Transfer

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Request for Transfer**

1
Notification Details

2
Preview and Submit

Facility Profile

Facility Name	CMCF BSL-4
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes

Biological Agent/Toxin

Schedule*

Please Select

Name of Biological Agent/Toxin*

Please Select

Transferring Facility

Facility Name *

Remarks

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

< Back

SAVE AS DRAFT

NEXT

4. **Select the Schedule.**

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Biological Agent/Toxin

Schedule*

Please Select

Please Select

First Schedule Part I

Name of Biological Agent/Toxin*

5. **Select the Name of Biological Agent/Toxin.**

Note: Values displayed will vary depending on the Schedule selection and the Approval to Possess granted to the facility.

Name of Biological Agent/Toxin*

Please Select

Please Select

BRUCELLA CANIS

6. **Enter the Facility Name of the Transferring Facility.**

Transferring Facility

Facility Name *

7. **Enter Remarks, if applicable.**

Remarks

8. **Click Upload** to attach supporting document, if applicable.

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

9. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

[< Back](#)

SAVE AS DRAFT

NEXT

10. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Request for Transfer**

1
Notification Details

2
Preview and Submit

Print

Notification Details ✓

Edit

Facility Profile

Facility Name	CMCF BSL-4
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes

Biological Agent/Toxin

Schedule	First Schedule Part I
Name of Biological Agent/Toxin	CALIFORNIA ENCEPHALITIS VIRUS

Transferring Facility

Facility Name	BSL-3 Smoke Test 8/4
Remarks	

Additional Details

Attachment

☐ I have communicated with and obtained confirmation from the transferring facility regarding this transfer.

☐ My facility has the necessary approval to possess the requested biological agent/toxin.

[< Back](#)

SAVE AS DRAFT

SUBMIT

Page | 32

11. Mark the checkbox for each **declaration**.

☐

I have communicated with and obtained confirmation from the transferring facility regarding this transfer.

☐

My facility has the necessary approval to possess the requested biological agent/toxin.

12. Click **SUBMIT**.

☒

I have communicated with and obtained confirmation from the transferring facility regarding this transfer.

☒

My facility has the necessary approval to possess the requested biological agent/toxin.

[< Back](#)

SAVE AS DRAFT

SUBMIT

13. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

*Note: A single-use **Request Code** will be sent to the **transferring facility** and the receiving facility copied.*

Inventory Related Notification

Your submission is successful.

Request for Transfer of CALIFORNIA ENCEPHALITIS VIRUS

Request Code: B240507REQ001

The request code will be sent to the transferring facility.

Submission Number	Date & Time
N240507MCF006	07/05/2024 10:53:23

PRINT

HOME

14. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Note: The status of the Request for Transfer will change to “Responded” once the transferring facility has submitted the Notification of Transfer using the Request Code.

Inbox (235)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Application Sub-Type

All

Application Status

All

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 15 items

20

<<

<

1

2

>

>>

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N241203HCF007	Certified High Containment (BSL-3) Facility	Request for Transfer	Inventory Notification	Submitted	03/12/2024 14:52:45	<div>Select</div>

Page | 34

2.2. Notification of Transfer

Notification of Transfer is mandatory for transfers involving a First or Second Schedule biological agent or Fifth Schedule toxin. Transfers can take place between two facilities that are registered with Biosafety in HALP, or from a facility that is not registered with Biosafety in HALP to a facility that is registered with Biosafety in HALP. MOH HALP Internet - Facility User Guide Part 3 Sections 5.1 to 5.4 are applicable to the former; MOH HALP Internet - Facility User Guide Part 3 Sections 5.5 and 5.4 are applicable to the latter.

The Notification of Transfer is submitted by the transferring facility (transferor) in response to the request for transfer of biological agents or toxins from the receiving facility (transferee).

To submit the Notification of Transfer, the following conditions must be met:

- a. The transferring facility has received a valid Request Code;
- b. The status of the transferring facility is “Active” or “Suspended (conditional inventory movement)”
- c. The status of the receiving facility is “Active”.

*Note: The single-use Request Code is valid for 30 days from issuance. The code will be invalidated after 30 days or if the receiving facility **Withdraws** the Request for Transfer.*

1. Select **Notification of Transfer** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

- ☐ Request for Transfer
- ☒ Notification of Transfer
- ☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)
- ☐ Notification of Failure to Receive
- ☐ Notification of Export
- ☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)
- ☐ Notification of Consumption for Fifth Schedule Toxin
- ☐ Notification of Complete Destruction and/or Disposal of Stock Inventory
- ☐ Notification of Inventory Adjustment

< Back

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- **Notification of Transfer**

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Notification of Transfer**

1

Notification Details

2

Preview and Submit

Facility Profile

Facility Name

BSL-3 Smoke Test 8/4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Request Code *

Schedule

Please Select

Name of Biological Agent/Toxin

Please Select

Details of Transfer

Receiving Facility

Postal Code

Address Type

Block / House No.

Floor No.

Unit No.

Street Name

Building Name

Date of Transfer *

dd/mm/yyyy

Expected Time of Arrival at Receiving Facility *

Please Select

Please Select

Name of Courier Service Provider *

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with SITA Transportation Regulations.

Remarks

Additional Details

The maximum file size per document is 10 MB.

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.

Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

< Back

SAVE AS DRAFT

NEXT

4. **Enter the Request Code.**

Note: System will populate applicable fields based on the Request Code.

Biological Agent/Toxin	
Request Code *	<input type="text"/>
Schedule	<div>Please Select ▼</div>
Name of Biological Agent/Toxin	<div>Please Select ▼</div>

Steps 5 and 6 are only applicable to the transfer of biological agents

5. **Select the Type of Transfer.**

Note: Complete transfer indicates that the transferring facility is transferring all existing inventory of the biological agent to the receiving facility and will have no physical possession of the biological agent after the transfer is performed.

Type of Transfer ⓘ *	<div>Complete ▼</div> <div>Please Select</div> <div>Complete</div> <div>Incomplete</div>
Quantity of Biological Agents Transferred ⓘ *	

6. **Enter the Quantity of Biological Agents Transferred.**

Quantity of Biological Agents Transferred ⓘ *	<input type="text"/>
---	----------------------

Steps 7 and 8 are only applicable to the transfer of toxins

7. **Enter the Quantity of Toxins Transferred.**

Existing Quantity of Toxin	10 microgram
Quantity of Toxin Transferred *	<input type="text"/>

8. **Enter the Unit of Measurement.**

Unit of Measurement*	<div>microgram ▼</div>
Remaining Quantity after Transfer	0 microgram

9. Select the Date of Transfer.

Date of Transfer *	<input type="text" value="dd/mm/yyyy"/>																																																	
Expected Time of Arrival at Receiving Facility *	<div><div><div>«</div><div>November 2023</div><div>»</div></div><table><tr><td>Su</td><td>Mo</td><td>Tu</td><td>We</td><td>Th</td><td>Fr</td><td>Sa</td></tr><tr><td>29</td><td>30</td><td>31</td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr><tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr><tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>1</td><td>2</td></tr><tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table></div> <div><div>Please Select</div></div>	Su	Mo	Tu	We	Th	Fr	Sa	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9
Su	Mo	Tu	We	Th	Fr	Sa																																												
29	30	31	1	2	3	4																																												
5	6	7	8	9	10	11																																												
12	13	14	15	16	17	18																																												
19	20	21	22	23	24	25																																												
26	27	28	29	30	1	2																																												
3	4	5	6	7	8	9																																												
Name of Courier Service Provider *	<input type="text"/>																																																	

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

10. Select the Expected Time of Arrival at the Receiving Facility (HH:MM).

Expected Time of Arrival at Receiving Facility *	<div><div>Please Select</div><div>00</div></div>
Name of Courier Service Provider *	<div><div><div></div><div>Please Select</div><div>00</div><div>01</div><div>02</div></div></div> <div><input type="text"/></div>
Remarks	<input type="text"/>

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

11. Enter the Name of the Courier Service Provider.

Name of Courier Service Provider *	<input type="text"/>
------------------------------------	----------------------

12. Enter Remarks, if applicable.

Remarks	<input type="text"/>
---------	----------------------

13. Click **Upload** to attach supporting documents, if applicable.

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

14. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

< Back

SAVE AS DRAFT

NEXT

15. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Notification of Transfer**

1
Notification Details

2
Preview and Submit

Print

^ Notification Details ✓

Edit

Facility Profile

Facility Name

BSL-3 Smoke Test 8/4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the facility a Protected Place?

Yes

Biological Agent/Toxin

Request Code

B240507REQ001

Schedule

First Schedule Part I

Name of Biological Agent/Toxin

CALIFORNIA ENCEPHALITIS VIRUS

Type of Transfer

Complete

Quantity of Biological Agents Transferred

1

Details of Transfer

Receiving Facility

CMCF | BSL-4

Postal Code

117438

Address Type

Apt Bk

Block / House No.

10

Floor No.

10

Unit No.

01

Street Name

Pasir Panjang Road

Building Name

Mapletree Business City

Date of Transfer

07/05/2024

Expected Time of Arrival at Receiving Facility

00:00

Name of Courier Service Provider

111

Remarks

Additional Details

Attachment

☐ I have verified that the recipient facility has the approval to possess the biological agent/toxin intended for transfer.

☐ I will ensure that the packaging of the materials is carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations; and

☐ The facility no longer has any inventory of the biological agent/toxin.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

16. Mark the checkbox for each **declaration**.

Note: Declarations displayed may differ depending on the Type of Transfer selected.

☐	I have verified that the recipient facility has the approval to possess the biological agent/toxin intended for transfer.
☐	I will ensure that the packaging of the materials is carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations; and
☐	The facility no longer has any inventory of the biological agent/toxin.
☐	I, hereby declare that all the information I have provided in this submission is true and accurate.

17. Click **SUBMIT**.

☒	I have verified that the recipient facility has the approval to possess the biological agent/toxin intended for transfer.
☒	I will ensure that the packaging of the materials is carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations; and
☒	The facility no longer has any inventory of the biological agent/toxin.
☒	I, hereby declare that all the information I have provided in this submission is true and accurate.

[< Back](#)SAVE AS DRAFTSUBMIT

Step 18 is only applicable if the facility has indicated that all physical inventory of the biological agent/toxin is transferred.

18. Upon successful submission, system will display a prompt. Click **Yes** to proceed to cancel the approval to possess the biological agent or toxin. Refer to MOH HALP Internet - Facility User Guide Part 2.2 Section 7 for more information.

Note: If No is selected, proceed to step 19

Related Notification

Do you want to cancel the approval to possess this biological agent/toxin?

YESNO

Successful.
ORNIA ENCEPHALITIS VIRUS
TRF001

19. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.
- Note: The **Transfer Code** will be sent to the **receiving facility** and the transferring facility copied.*

Inventory Related Notification

Your submission is successful.

Notification of Transfer of CALIFORNIA ENCEPHALITIS VIRUS

Transfer Code: B240507REQ001TRF001

The Transfer Code will be sent to the receiving facility.

Submission Number	Date & Time
N240507HCF010	07/05/2024 15:42:21

PRINT

HOME

20. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Pending Receipt**.
- Note: The status of the Notification of Transfer will change to “Acknowledged” once the receiving facility has submitted the Acknowledgement of Receipt of Transfer.*

Dashboard eServices John

New Messages754

Application Drafts2

Active Facilities22

Active Approvals63

Last Login: 03/05/2024 16:54 | Last Activity: Facility Registration, On 03/05/2024

Inbox (754)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

Date Submitted From:

Application Sub-Type

Application Status

Date submitted To:

CLEAR

SEARCH

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N240507HCF010	BSL-3 Smoke Test 8/4	Notification of Transfer	Inventory Notification	Pending Receipt	07/05/2024 15:42:21	Select

2.3. Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)

The Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP) is submitted by the receiving facility (transferee) to confirm the receipt of the transferred materials.

To submit the Acknowledgement of Receipt of Transfer, the receiving facility must have a valid Transfer Code and the status of the receiving facility must be “Active”.

*Note: The single-use Transfer Code will be invalidated if the transferring facility **Withdraws** the Notification of Transfer.*

1. Select **Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)** and click **Next**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

- ☐ Request for Transfer
- ☐ Notification of Transfer
- ☒ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)
- ☐ Notification of Failure to Receive
- ☐ Notification of Export
- ☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)
- ☐ Notification of Consumption for Fifth Schedule Toxin
- ☐ Notification of Complete Destruction and/or Disposal of Stock Inventory
- ☐ Notification of Inventory Adjustment

[< Back](#) [NEXT](#)

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)**

1
Notification Details

2
Preview and Submit

Facility Profile

Facility Name

CMCF | BSL-4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Transfer Code *

Details of Transfer

Transferred From

Expected Date of Arrival

Expected Time of Arrival

Actual Date of Receipt

07/05/2024

Actual Time of Receipt *

Please Select

Please Select

Remarks

Additional Details

The maximum file size per document is 10 MB.

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.

Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

< Back

SAVE AS DRAFT

NEXT

4. **Enter the Transfer Code.**

Note: System will populate applicable fields based on the Transfer Code. Auto-populated fields displayed will vary depending on whether the transfer involved biological agents or toxins.

Biological Agent/Toxin	
Transfer Code *	B240712REQ001TRF001
Schedule	Fifth Schedule
Name of Biological Agent/Toxin	BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)
Quantity of Toxin Transferred	10
Unit of Measurement	microgram
Do the items received match the items transferred? *	☐ Yes ☐ No

5. **Select Yes or No** to indicate whether **the items received match the items transferred?** If Yes, proceed to step 11 directly.

Note: "Yes" shall be selected only if all the information pre-populated upon indication of the Transfer Code i.e. "Schedule", "Name of Biological Agent/Toxin", "Quantity of Biological Agent transferred", "Quantity of Toxin Transferred" and "Unit of Measurement", where applicable, accurately reflects contents of the items received.

Do the items received match the items transferred? *	☒ Yes ☐ No
--	---

6. If **No** was selected, **select the Schedule** of the item received.

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Schedule *	Please Select
Name of Biological Agent/Toxin *	Please Select First Schedule Part I

7. **Select the Name of Biological Agent/Toxin** of the received.

Note: Values displayed will vary depending on the Schedule selection and the Approval to Possess granted to the facility.

Name of Biological Agent/Toxin *	Please Select
Quantity of Biological Agent Received *	Please Select BRUCELLA CANIS

Step 8 is only applicable if a biological agent was received

8. Enter the Quantity of Biological Agent Received.

Quantity of Biological Agent Received *	<input type="text"/>
---	----------------------

Steps 9 and 10 are only applicable if a toxin was received

9. Enter the Quantity of Toxin Received.

Name of Biological Agent/Toxin*	BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G) ▼
Quantity of Toxin Received *	<input type="text"/>

10. Select the Unit of Measurement.

Note: Only applicable to Toxin.

Quantity of Toxin Received *	9
Unit of Measurement*	Please Select ▼
Updated Quantity after Receipt	<div>Please Select</div> <div>milligram</div> <div>microgram</div> <div>nanogram</div> <div>picogram</div>

11. Select the Actual Time of Receipt (HH:MM).

Note: Actual Date of Receipt will reflect the current date and cannot be edited. Facilities shall submit the acknowledgement of receipt promptly to ensure the accuracy of the information captured.

Actual Date of Receipt	07/05/2024
Actual Time of Receipt*	<div>Please Select ▲</div> <div>Please Select ▼</div>
Remarks	<div><div><div>Please Select</div><div>00</div><div>01</div><div>02</div><div>03</div></div><div></div></div>

12. **Enter Remarks**, if applicable.

Note: If the notification could not be submitted on the actual date of receipt, indicate the reason and the actual date of receipt under Remarks. Any relevant information/details related to the mismatch in transferred items should also be indicated under Remarks.

Remarks

13. **Click Upload** to attach supporting documents, if applicable.

Attachment

UPLOAD

14. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

< Back

SAVE AS DRAFT

NEXT

15. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)**

1
Notification Details

2
Preview and Submit

Print

Notification Details

Edit

Facility Profile

Facility Name

CMCF | BSL-4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Transfer Code

B240507REQ001TRF001

Schedule

First Schedule Part I

Name of Biological Agent/Toxin

CALIFORNIA ENCEPHALITIS VIRUS

Quantity of Biological Agent Transferred

1

Do the items received match the items transferred?

Yes

Details of Transfer

Transferred From

BSL-3 Smoke Test 8/4

Expected Date of Arrival

07/05/2024

Expected Time of Arrival

00:00

Actual Date of Receipt

07/05/2024

Actual Time of Receipt

00:00

Remarks

Additional Details

Attachment

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

Back

SAVE AS DRAFT

SUBMIT

16. **Mark** the checkbox for the **declaration**.

☐

I, hereby declare that all the information I have provided in this submission is true and accurate.

17. Click **SUBMIT**.

[< Back](#)

SAVE AS DRAFT

SUBMIT

Step 18 is only applicable if discrepancies in the items transferred and items received was indicated i.e. No was selected in Step 5.

18. Upon successful submission, system will display a prompt. Click **Yes** to proceed to submit an **Incident Notification** for the discrepancy. Refer to [MOH HALP Internet - Facility User Guide Part 3 Section 4](#) for more information.
Note: If No is selected, proceed to step 19.

Related Notification

Proceed to submit an incident notification.

YESNO

19. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Inventory Related Notification

Your submission is successful.

Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP) of items under Transfer Code: B240507REQ001TRF001

Submission Number	Date & Time
N240507MCF008	07/05/2024 15:49:01

PRINTHOME

20. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Dashboard

eServices

John

New Messages762

Application Drafts2

Active Facilities22

Active Approvals64

Last Login: 07/05/2024 10:32 | Last Activity: Internet Login, On 07/05/2024

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Application Sub-Type

All

Application Status

All

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N240507MCF008	CMCF BSL-4	Acknowledgement of Receipt of Transfer	Inventory Notification	Submitted	07/05/2024 15:49:01	N/A

2.4. Notification of Failure to Receive

The Notification of Failure to Receive is submitted when the receiving facility fails to receive the delivery of the biological agent or toxin within 24 hours of the expected arrival time.

1. Select **Notification of Failure to Receive** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

☐ Request for Transfer

☐ Notification of Transfer

☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)

☒ Notification of Failure to Receive

☐ Notification of Export

☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)

☐ Notification of Consumption for Fifth Schedule Toxin

☐ Notification of Complete Destruction and/or Disposal of Stock Inventory

☐ Notification of Inventory Adjustment

[< Back](#)[NEXT](#)

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- **Notification of Failure to Receive**

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Notification of Failure to Receive**

1

Notification Details

2

Preview and Submit

Facility Profile

Facility Name

CMCF | BSL-4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?

Yes

Biological Agent/Toxins

Is the transferring facility registered with Biosafety in HALP?*

☐ Yes

☐ No

Details of Transfer

Item has not been received *
(more than 24 hours after the expected time of arrival)

☐ Yes

☐ No

Remarks

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

[< Back](#)

SAVE AS DRAFT

NEXT

4. Select **Yes** or **No** to indicate whether **the transferring facility is registered with Biosafety in HALP**.

Is the transferring facility registered with Biosafety in HALP?*

☒ Yes

☐ No

Step 5 is only applicable if the transferring facility is registered with Biosafety in HALP

5. **Enter the Transfer Code** generated following the **Notification of Transfer** then proceed to step 13.

Note: System will populate applicable fields based on the Transfer Code.

Transfer Code *	<input type="text"/>
-----------------	----------------------

Steps 6 to 12 are only applicable if the transferring facility is not registered with Biosafety in HALP

6. **Select the Schedule.**

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Schedule *	<div>Please Select</div> <div>Please Select</div> <div>First Schedule Part I</div>
Name of Biological Agent/Toxin *	

7. **Select the Name of Biological Agent/Toxin.**

Note: Values displayed will vary depending on the Schedule selection and the Approval to Possess granted to the facility.

Name of Biological Agent/Toxin *	<div>Please Select</div> <div>Please Select</div> <div>BRUCELLA CANIS</div>
Quantity of Biological Agent Transferred *	

8. **Enter the Quantity of Biological Agent Transferred.**

*Note: Only applicable for transfer of **biological agent**.*

Quantity of Biological Agent Transferred *	<input type="text"/>
--	----------------------

9. **Enter the Quantity of Toxin Transferred.**

*Note: Only applicable for transfer of **toxin**.*

Quantity of Toxin Transferred *	<input type="text"/>
---------------------------------	----------------------

10. **Select the Unit of Measurement.**

*Note: Only applicable for transfer of **toxin**.*

Unit of Measurement *	<div>Please Select</div> <div>Please Select</div> <div>milligram</div> <div>microgram</div> <div>nanogram</div> <div>picogram</div>
-----------------------	---

11. Enter the **name of the facility** that sent the item.

Transfer From (Facility Name) *

12. Enter the **address of the facility** that sent the item.

Facility Address *

13. Select the **Expected Date of Arrival**.

Expected Date of Arrival *

dd/mm/yyyy

Expected Time of Arrival *

Please Select

Item has not been received *

(more than 24 hours after the expected time of arrival)

Remarks

« November 2023 »

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

14. Enter the **Expected Time of Arrival (HH:MM)**.

Expected Time of Arrival *

Please Select

Please Select

Item has not been received *

(more than 24 hours after the expected time of arrival)

Remarks

Please Select

00

01

02

15. Select **Yes** or **No** to indicate if the **Item has not been received (more than 24 hours after the expected time of arrival)**.

Note: The notification of failure to receive can be submitted before 24 hours of the expected arrival time if the receiving facility has reason to believe the item is lost in transit.

Item has not been received *

(more than 24 hours after the expected time of arrival)

☐ Yes ☐ No

16. Enter **Remarks**, if applicable.

Remarks	
---------	--

17. Click **Upload** to attach supporting documents, if applicable.

<div>Attachment</div> <div>UPLOAD</div>

18. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

< Back	SAVE AS DRAFT	NEXT
---------------------------	---------------	------

19. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Notification of Failure to Receive**

1
Notification Details

2
Preview and Submit

Print

Notification Details

Edit

Facility Profile

Facility Name

CMCF | BSL-4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Is the transferring facility registered in HALP?

No

Schedule

First Schedule Part I

Name of Biological Agent/Toxin

CALIFORNIA ENCEPHALITIS VIRUS

Quantity of Biological Agent Transferred

11

Details of Transfer

Transfer From (Facility Name)

11

Facility Address

1212

Expected Date of Arrival

06/05/2024

Expected Time of Arrival

00:01

Item has not been received (more than 24 hours after the expected time of arrival)

No

Remarks

Additional Details

Attachment

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

Back

SAVE AS DRAFT

SUBMIT

20. **Mark** the checkbox for the **declaration**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

21. Click **SUBMIT**.

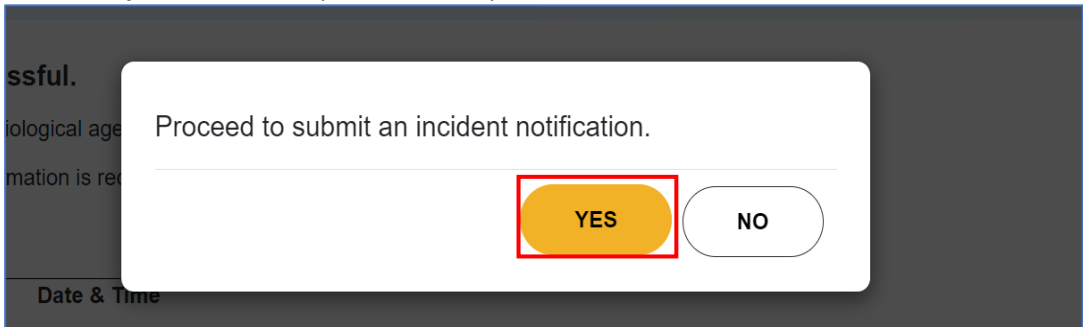
☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

Back

SAVE AS DRAFT

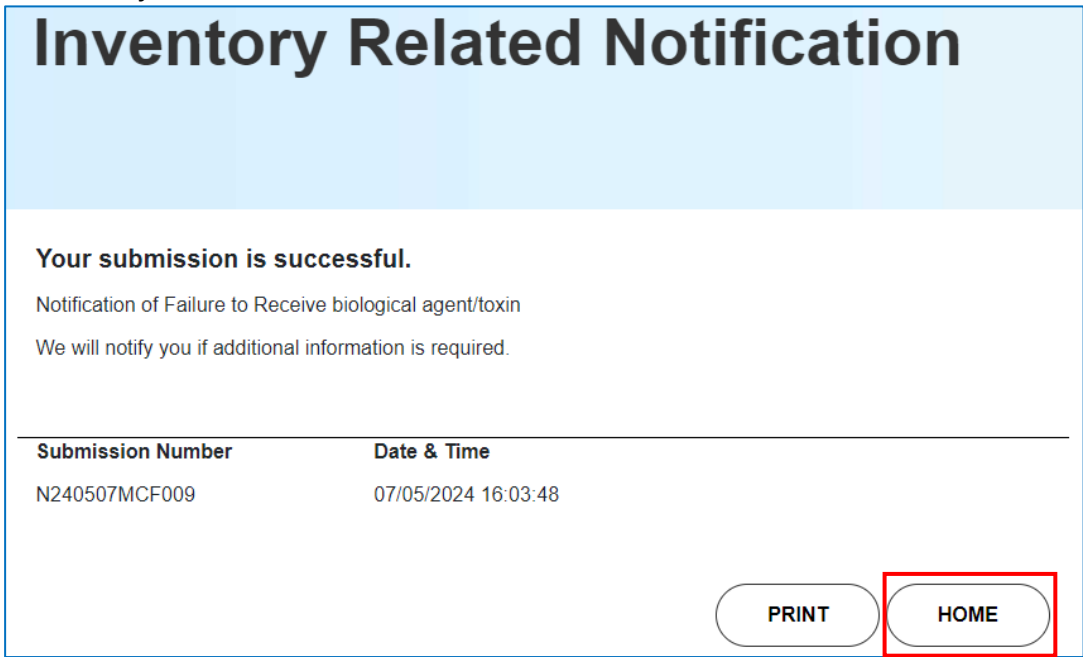
SUBMIT

22. Upon successful submission, system will display a prompt. Click **Yes** to proceed to submit the **Incident Notification** to report the failure to receive the materials. Refer to [MOH HALP Internet - Facility User Guide Part 3 Section 4](#) for more information.
- Note: If No is selected, proceed to step 23.*



A screenshot of a web application showing a confirmation dialog box. The dialog box is white with a thin grey border and contains the text "Proceed to submit an incident notification." Below the text are two buttons: a yellow button labeled "YES" and a white button labeled "NO". The "YES" button is highlighted with a red rectangular box. The background of the page is dark grey and partially obscured by the dialog box.

23. An **Acknowledgement** message will be displayed. Click **HOME** to return to the Dashboard.
- Note: The facility shall submit an incident notification to report the failure to receive as soon as possible. Refer to [MOH HALP Internet - Facility User Guide Part 3 Section 4](#) for more information.*



A screenshot of a web application page titled "Inventory Related Notification". The page has a light blue header with the title in bold black text. Below the header, the text "Your submission is successful." is displayed in bold. Underneath, it says "Notification of Failure to Receive biological agent/toxin" and "We will notify you if additional information is required." Below this text is a table with two columns: "Submission Number" and "Date & Time". The table contains one row with the values "N240507MCF009" and "07/05/2024 16:03:48". At the bottom right of the page, there are two buttons: "PRINT" and "HOME". The "HOME" button is highlighted with a red rectangular box.

Submission Number	Date & Time
N240507MCF009	07/05/2024 16:03:48

24. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Dashboard

eServices

John

New Messages762

Application Drafts2

Active Facilities22

Active Approvals64

Last Login: 07/05/2024 10:32 | Last Activity: Internet Login, On 07/05/2024

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N240507MCF009	CMCF BSL-4	Notification of Failure to Receive	Inventory Notification	Submitted	07/05/2024 16:03:48	N/A

2.5. Notification of Receipt (from Facility Not Registered with Biosafety in HALP)

The Notification of Receipt (from Facility Not Registered with Biosafety in HALP) is submitted by the receiving facility upon receipt of biological agents or toxins from a facility that is not registered in HALP.

To submit the notification, the receiving facility must have a valid approval to possess the biological agent or toxin and the status of the facility must be “Active”.

1. Select **Notification of Receipt (from Facility Not Registered with Biosafety in HALP)** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

- ☐ Request for Transfer
- ☐ Notification of Transfer
- ☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)
- ☐ Notification of Failure to Receive
- ☐ Notification of Export
- ☒ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)
- ☐ Notification of Consumption for Fifth Schedule Toxin
- ☐ Notification of Complete Destruction and/or Disposal of Stock Inventory
- ☐ Notification of Inventory Adjustment

< Back

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- Notification of Receipt (from Facility Not Registered with Biosafety in HALP)

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Notification of Receipt (from Facility Not Registered with Biosafety in HALP)**

1

Notification Details

2

Preview and Submit

Facility Profile

Facility Name	CMCF BSL-4
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes

Biological Agent/Toxin

Schedule *

Please Select

Name of Biological Agent/Toxin *

Please Select

Details of Receipt

Mode of Procurement *

☐ Importation ☐ Receipt from local unregistered facility

Name of Source Facility *

Address of Source Facility *

Contact Person of Source Facility *

Email of Source Contact Person *

Telephone No of Source Contact Person *

Name of Courier Service Provider *

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

Flight No.

Date of Receipt *

dd/mm/yyyy

Time of Receipt *

Please Select

Please Select

Remarks

Additional Details

The maximum file size per document is 10 MB

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT

Please select the corresponding Document Type for each uploaded document

Attachment

UPLOAD

< Back

SAVE AS DRAFT

NEXT

4. **Select the Schedule.**

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Biological Agent/Toxin	
Schedule *	<div>First Schedule Part I</div> <div>Please Select</div> <div>First Schedule Part I</div>
Name of Biological Agent/Toxin *	

5. **Select the Name of Biological Agent/Toxin.**

Note: Values displayed will vary depending on the Schedule selection and the Approval to Possess granted to the facility.

Biological Agent/Toxin	
Schedule *	<div>First Schedule Part I</div>
Name of Biological Agent/Toxin *	<div>Please Select</div> <div>Please Select</div> <div>BRUCELLA CANIS</div>
Details of Receipt	

Steps 6 and 7 are only applicable to the receipt of toxin

6. **Enter the Quantity Received.**

Biological Agent/Toxin	
Schedule *	<div>Fifth Schedule</div>
Name of Biological Agent/Toxin *	<div>BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)</div>
Quantity Received *	<div></div>

7. **Select the Unit of Measurement.**

Note: System will auto-calculate and display the Updated Quantity in Inventory for reference.

Unit of Measurement *	<div>Please Select</div> <div>Please Select</div> <div>milligram</div> <div>microgram</div> <div>nanogram</div> <div>picogram</div>
Updated Quantity in Inventory	

8. **Select the Mode of Procurement.**

Details of Receipt	
Mode of Procurement *	☒ Importation ☐ Receipt from local unregistered facility

9. **Enter the Name of Source Facility.**

Name of Source Facility *	
---------------------------	--

10. **Enter the Address of Source Facility.**

Address of Source Facility *	
------------------------------	--

11. **Enter the name of the Contact Person of Source Facility.**

Contact Person of Source Facility *	
-------------------------------------	--

12. **Enter the Email of Source Contact Person.**

Email of Source Contact Person *	
----------------------------------	--

13. **Enter the Telephone No of Source Contact Person.**

Note: If Mode of Procurement is Receipt from local unregistered facility, the Contact No. must be a valid mobile contact number starting with 8 or 9.

Telephone No of Source Contact Person *	
---	--

14. **Enter the Name of the Courier Service Provider.**

Name of Courier Service Provider *	
------------------------------------	--

15. **Enter the Flight No, if applicable.**

Flight No.	
------------	--

16. **Select the Date of Receipt.**

Date of Receipt *	dd/mm/yyyy
Time of Receipt *	
Remarks	

« December 2023 »

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

17. Select the **Time of Receipt** (HH:MM).

Time of Receipt *

Remarks

Please Select

Please Select

Please Select

00

01

02

18. Enter **Remarks**, if applicable.

Remarks

19. Click **Upload** to attach supporting documents, if applicable.

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

20. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

< Back

SAVE AS DRAFT

NEXT

21. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: Notification of Receipt (from Facility Not Registered with Biosafety in HALP)

1
Notification Details

2
Preview and Submit

Print

^ Notification Details ✓

Edit

Facility Profile

Facility Name

CMCF | BSL-4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Schedule

First Schedule Part I

Name of Biological Agent/Toxin

CALIFORNIA ENCEPHALITIS VIRUS

Details of Receipt

Mode of Procurement

Importation

Name of Source Facility

test

Address of Source Facility

test

Contact Person of Source Facility

test

Email of Source Contact Person

dedicateddummy7@gmail.com

Telephone No of Source Contact Person

999999999

Name of Courier Service Provider

Amazon

Flight No.

Date of Receipt

22/04/2024

Time of Receipt

01:00

Remarks

Additional Details

Attachment

☐ I have obtained the necessary import permit(s) and/or approval(s) from the relevant authorities for this importation

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

22. **Mark** the checkbox for each **declaration**.

Note: Declarations displayed may differ depending on the Mode of Procurement selected.

☐

I have obtained the necessary import permit(s) and/or approval(s) from the relevant authorities for this importation

☐

I, hereby declare that all the information I have provided in this submission is true and accurate.

23. Click **SUBMIT**.

☒

I have obtained the necessary import permit(s) and/or approval(s) from the relevant authorities for this importation

☒

I, hereby declare that all the information I have provided in this submission is true and accurate.

[< Back](#)

SAVE AS DRAFT

SUBMIT

24. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Inventory Related Notification

Your submission is successful.

Notification of Receipt of CALIFORNIA ENCEPHALITIS VIRUS

Submission Number	Date & Time
N240507MCF002	07/05/2024 10:02:16

PRINT

HOME

25. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Dashboard

eServices

John

New Messages762

Application Drafts2

Active Facilities22

Active Approvals64

Last Login: | Last Activity: N/A, On

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<

<

1

>

>>

Application No.

Facility Name

Submission Type

Application Sub-Type

Application Status

Date Submitted

Actions

N240507MCF002

CMCF | BSL-4

Notification of Receipt (from facility not registered with Biosafety in HALP)

Inventory Notification

Submitted

07/05/2024 10:02:16

Select

2.6. Notification of Export

The Notification of Export is submitted by the facility that is exporting biological agents or toxins. The facility must have physical possession of the biological agent or toxin and the status of the facility is “Active” or “Suspended (Conditional Inventory Movement)”.

1. Select **Notification of Export** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

- ☐ Request for Transfer
- ☐ Notification of Transfer
- ☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)
- ☐ Notification of Failure to Receive
- ☒ Notification of Export
- ☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)
- ☐ Notification of Consumption for Fifth Schedule Toxin
- ☐ Notification of Complete Destruction and/or Disposal of Stock Inventory
- ☐ Notification of Inventory Adjustment

[< Back](#) [NEXT](#)

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- Notification of Export

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#) [START SUBMISSION](#)

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Notification of Export**

1

Notification Details

2

Preview and Submit

Facility Profile

Facility Name	CMCF BSL-4
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes

Biological Agent/Toxin

Schedule *	<div>Please Select</div>
Name of Biological Agent/Toxin *	<div>Please Select</div>

Details of Export

Name of Receiving Facility *	<div></div>
Address *	<div></div>
Country *	<div>Please Select</div>
Date of Exportation *	<div>dd/mm/yyyy</div>
Name of Courier Service Provider *	<div></div>
<small>Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.</small>	
Flight No.	<div></div>
Remarks	<div></div>

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

< Back

SAVE AS DRAFT

NEXT

4. **Select the Schedule.**

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Biological Agent/Toxin

Schedule *

Name of Biological Agent/Toxin *

Please Select

Please Select

First Schedule Part I

5. **Select the Name of Biological Agent/Toxin.**

Note: Values displayed will vary depending on the Schedule selection and the Approval to Possess granted to the facility.

Biological Agent/Toxin

Schedule *

Name of Biological Agent/Toxin *

Type of Export * ⓘ

First Schedule Part I

Please Select

Please Select

BRUCELLA CANIS

Step 6 is only applicable to the export of biological agents

6. **Select the Type of Export.**

Note: Complete export indicates that the facility is exporting all existing inventory of the biological agent and will have no physical possession of the biological agent after exportation.

Biological Agent/Toxin

Schedule *

Name of Biological Agent/Toxin *

Type of Export * ⓘ

First Schedule Part I

BRUCELLA CANIS

Please Select

Please Select

Complete

Incomplete

Details of Export

Name of Receiving Facility *

Steps 7 and 8 are only applicable to the export of toxins

7. Enter the quantity of toxin to be exported.

Existing Quantity	10 microgram
Quantity to Export *	<input type="text"/>
Unit of Measurement *	<div>Please Select </div>

8. Select the Unit of Measurement.

Existing Quantity	10 microgram
Quantity to Export *	<input type="text" value="10"/>
Unit of Measurement *	<div><div>Please Select </div><div><div>Please Select</div><div>milligram</div><div>microgram</div><div>nanogram</div><div>picogram</div></div></div>
Remaining Quantity	

9. Enter the Name of Receiving Facility.

Details of Export	
Name of Receiving Facility *	<input type="text"/>

10. Enter the Address of the Receiving Facility.

Address *	<input type="text"/>
-----------	----------------------

11. Select the Country where the Receiving Facility is located.

Country *	<div><div>Please Select </div><div><div>Armenia</div><div>ARUBA</div><div>Australia</div><div>Austria</div><div>Azerbaijan</div><div>Bahamas</div><div>Bahrain</div></div></div>
Date of Exportation *	
Name of Courier Service Provider *	

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

12. Select the Date of Exportation.

Date of Exportation *

dd/mm/yyyy

Name of Courier Service Provider *

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

Flight No.

« December 2023 »						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

13. Enter the Name of the Courier Service Provider.

Name of Courier Service Provider *

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

14. Enter the Flight No. if applicable.

Flight No.

15. Enter Remarks, if applicable.

Remarks

16. Click **Upload** to attach supporting documents, if applicable.

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

17. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

< Back

SAVE AS DRAFT

NEXT

18. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Notification of Export**

1
Notification Details

2
Preview and Submit

Print

Notification Details

Edit

Facility Profile	
Facility Name	CMCF BSL-4
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes
Biological Agent/Toxin	
Schedule	First Schedule Part I
Name of Biological Agent/Toxin	CALIFORNIA ENCEPHALITIS VIRUS
Type of Export	Incomplete
Details of Export	
Name of Receiving Facility	Royston Lee
Address	Blk 326 Clementi Ave 5
Country	SINGAPORE
Date of Exportation	08/05/2024
Name of Courier Service Provider	11
Flight No.	
Remarks	
Additional Details	
Attachment	

☐ I will ensure that: (a) the packaging of the materials is carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations; and (b) the relevant export permit and/or approval(s) has been obtained prior to exportation of the materials

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

19. **Mark the checkbox for each declaration.**
Note: Declarations displayed may differ depending the type of export.

☐

I will ensure that: (a) the packaging of the materials is carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations; and (b) the relevant export permit and/or approval(s) has been obtained prior to exportation of the materials

☐

The facility no longer has any inventory of the biological agent/toxin.

☐

I, hereby declare that all the information I have provided in this submission is true and accurate.

20. Click **SUBMIT**.

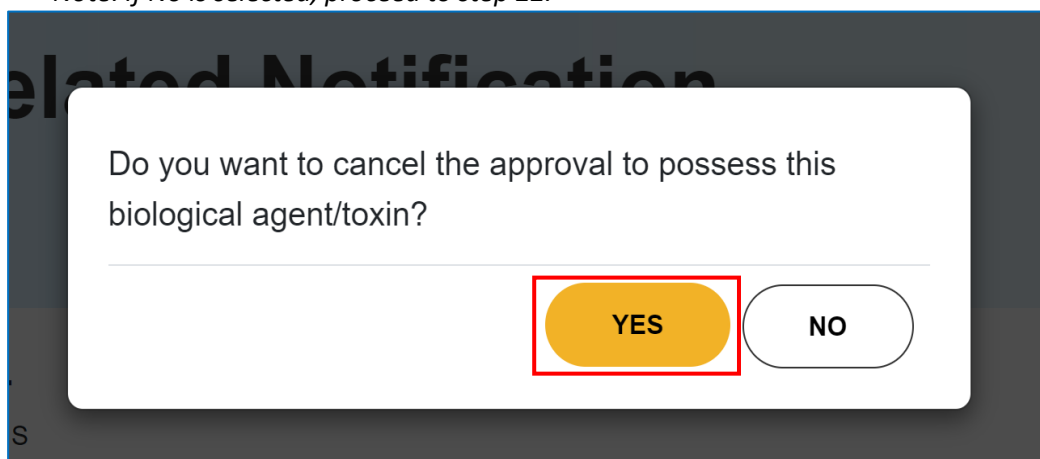


A screenshot of a web form. At the top, there are two checkboxes. The first checkbox is followed by the text: "I will ensure that: (a) the packaging of the materials is carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations; and (b) the relevant export permit and/or approval(s) has been obtained prior to exportation of the materials". The second checkbox is followed by the text: "I, hereby declare that all the information I have provided in this submission is true and accurate." Below the checkboxes, there is a horizontal line. At the bottom left, there is a link that says "< Back". At the bottom right, there are two buttons: "SAVE AS DRAFT" and "SUBMIT". The "SUBMIT" button is highlighted with a red rectangular border.

Step 21 is only applicable if the facility has indicated that all physical inventory of the biological agent or toxin was exported

21. Upon successful submission, system will display a prompt. Click **Yes** to proceed to cancel the approval to possess the biological agent or toxin. Refer to MOH HALP Internet - Facility User Guide Part 2.2 in Section 7 for more information.

Note: If No is selected, proceed to step 22.



A screenshot of a confirmation dialog box. The dialog box has a white background and is centered on a dark gray background. The text inside the dialog box reads: "Do you want to cancel the approval to possess this biological agent/toxin?". Below the text, there are two buttons: "YES" and "NO". The "YES" button is highlighted with a red rectangular border.

22. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Inventory Related Notification

Your submission is successful.

Notification of Export of CALIFORNIA ENCEPHALITIS VIRUS

Submission Number	Date & Time
N240507MCF010	07/05/2024 17:28:55

PRINT

HOME

23. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Dashboard eServices John

New Messages 762

Application Drafts 2

Active Facilities 22

Active Approvals 64

Last Login: | Last Activity: N/A, On

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

Date Submitted From:

Application Sub-Type

Application Status

All

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items 10

Application No.

Facility Name

Submission Type

Application Sub-Type

Application Status

Date Submitted

Actions

N240507MCF010

CMCF | BSL-4

Notification of Export

Inventory Notification

Submitted

07/05/2024 17:28:55

Select

2.7. Notification of Consumption for Fifth Schedule Toxin

The Notification of Consumption for Fifth Schedule Toxin is submitted by facilities with approval to possess Fifth Schedule toxins to update the toxin inventory information.

1. Select **Notification of Consumption for Fifth Schedule Toxin** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

☐ Request for Transfer

☐ Notification of Transfer

☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)

☐ Notification of Failure to Receive

☐ Notification of Export

☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)

☒ Notification of Consumption for Fifth Schedule Toxin

☐ Notification of Complete Destruction and/or Disposal of Stock Inventory

☐ Notification of Inventory Adjustment

[< Back](#)

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- Notification of Consumption for Fifth Schedule Toxin

Company Information

UEN Number:	134141348G
Company Name:	RF-PIM
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Notification of Consumption for Fifth Schedule Toxin**

1
Notification Details

2
Preview and Submit

Facility Profile

Facility Name	RF-0103-1
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes

Details of Toxins

Schedule *

Please Select

Name of Toxin *

Please Select

Existing Quantity

Quantity Consumed *

Unit of Measurement *

Please Select

Remaining Quantity

Remarks

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

[< Back](#)

SAVE AS DRAFT

NEXT

4. **Select the Schedule.**

Details of Toxins

Schedule *

Name of Toxin *

Please Select

Please Select

Fifth Schedule

5. **Select the Name of Toxin.**

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Name of Toxin *

Existing Quantity

Please Select

Please Select

BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

6. **Enter the Quantity Consumed and select the Unit of Measurement.**

Note: The existing quantity of the toxin is displayed for reference.

Existing Quantity

9000000 microgram

Quantity Consumed *

7. **Select the Unit of Measurement.**

Note: System auto-calculates and display the Remaining Quantity read-only by subtracting the Quantity Consumed from the Existing Quantity.

Existing Quantity

10 microgram

Quantity Consumed *

1

Unit of Measurement *

Please Select

Please Select

milligram

microgram

nanogram

picogram

8. **Enter Remarks, if applicable.**

Remarks

9. Click **Upload** to attach supporting documents, if applicable.

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

10. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

[< Back](#)

SAVE AS DRAFT

NEXT

11. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Notification of Consumption for Fifth Schedule Toxin**

1
Notification Details

2
Preview and Submit

Print

Notification Details

Edit

Facility Profile

Facility NameBMF | Biomanufacturing Facility

Facility Address430 Jurong West 4-5 653430

Is the Facility a Protected Place?Yes

Details of Toxins

ScheduleFifth Schedule

Name of ToxinBOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

Existing Quantity100 microgram

Quantity Consumed10

Unit of Measurementnanogram

Remaining Quantity99.99 microgram

Remarks

Additional Details

Attachment

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

12. **Mark** the checkbox for the **declaration**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

13. Click **SUBMIT**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

14. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Inventory Related Notification

Your submission is successful.

Notification of Consumption of BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

Submission Number	Date & Time
N240507BMF002	07/05/2024 17:36:51

PRINT

HOME

15. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Dashboard eServices

John

New Messages762

Application Drafts2

Active Facilities22

Active Approvals64

Last Login: | Last Activity: N/A, On

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<< < 1 > >>

Application No.

Facility Name

Submission Type

Application Sub-Type

Application Status

Date Submitted

Actions

N240507BMF002

BMF | Biomanufacturing Facility

Notification of Consumption of Fifth Schedule Toxin

Inventory Notification

Submitted

07/05/2024 17:36:51

Select

2.8. Notification of Complete Destruction and/or Disposal of Stock Inventory

The Notification of Complete Destruction and/or Disposal of Stock Inventory is submitted by facilities upon destruction or disposal of all inventory of the biological agent or toxin in the facility.

1. Select **Notification of Complete Destruction and/or Disposal of Stock Inventory** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

☐ Request for Transfer

☐ Notification of Transfer

☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)

☐ Notification of Failure to Receive

☐ Notification of Export

☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)

☐ Notification of Consumption for Fifth Schedule Toxin

☒ Notification of Complete Destruction and/or Disposal of Stock Inventory

☐ Notification of Inventory Adjustment

[< Back](#)[NEXT](#)

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- Notification of Complete Destruction and/or Disposal of Stock Inventory

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)[START SUBMISSION](#)

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Notification of Complete Destruction and/or Disposal of Stock Inventory**

1
Notification Details

2
Preview and Submit

Facility Profile

Facility Name	BMF Biomanufacturing Facility
Facility Address	430 Jurong West 4-5 653430
Is the Facility a Protected Place?	Yes

Biological Agent/Toxin

Schedule *

Please Select

Name of Biological Agent/Toxin *

Please Select

Complete Destruction/Disposal of Stock Inventory *

☒ Yes ☐ No

Method of Destruction *

Details and/or procedures of destruction *

Remarks

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

[< Back](#)

SAVE AS DRAFT

NEXT

4. **Select the Schedule.**

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Biological Agent/Toxin	
Schedule *	<div>Please Select</div> <div>Please Select</div> <div>Fifth Schedule</div>
Name of Biological Agent/Toxin *	

5. **Select the Name of Biological Agent/Toxin.**

Note: Values displayed will vary depending on the Schedule selection and the Approval to Possess granted to the facility.

Name of Biological Agent/Toxin *	<div>Please Select</div> <div>Please Select</div> <div>BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)</div>
Existing Quantity	
Complete Destruction/Disposal of Stock Inventory *	☒ Yes ☐ No

6. **Enter the Method of Destruction.**

Method of Destruction * 	
---	--

7. **Enter the Details and/or procedures of destruction.**

Details and/or procedures of destruction * 	
--	--

8. **Enter Remarks, if applicable.**

Remarks	
---------	--

9. Click **Upload** to attach supporting documents related to the destruction and/or disposal.

Additional Details

The maximum file size per document is 10 MB.

Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.

Please select the corresponding Document Type for each uploaded document.

Attachment

UPLOAD

10. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

[< Back](#)
[SAVE AS DRAFT](#)
[NEXT](#)

11. The system will redirect to the **Preview and Submit** page. Click **Notification Details** section to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Notification of Complete Destruction and/or Disposal of Stock Inventory**

1
Notification Details

2
Preview and Submit

[Print](#)

Notification Details

Facility Profile

Facility Name

BMF | Biomanufacturing Facility

Facility Address

430 Jurong West 4-5 653430

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Schedule

Fifth Schedule

Name of Biological Agent/Toxin

BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

Existing Quantity

55 microgram

Complete Destruction/Disposal of Stock Inventory

Yes

Method of Destruction

Burn

Details and/or procedures of destruction

Just some remarks

Remarks

Additional Details

Attachment

TOP LEFT

☐ The facility no longer has any inventory of the biological agent/toxin.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

[Back](#)

SAVE AS DRAFT

SUBMIT

12. Mark the checkbox for each **declaration**.

☐

The facility no longer has any inventory of the biological agent/toxin.

☐

I, hereby declare that all the information I have provided in this submission is true and accurate.

13. Click **SUBMIT**.

< Back

SAVE AS DRAFT

SUBMIT

14. Upon successful submission, system will display a prompt. Click **Yes** to proceed to cancel the approval to possess the biological agent or toxin. Refer to MOH HALP Internet - Facility User Guide Part 2.2 in Section 7 for more information.

Note: If No is selected, proceed to step 15.

Do you want to cancel the approval to possess this biological agent/toxin?

YES

NO

15. An **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Inventory Related Notification

Your submission is successful.

Notification of Complete Destruction and/or Disposal of Stock Inventory of BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

Submission Number	Date & Time
N240507BMF004	07/05/2024 17:49:42

PRINT

HOME

16. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Dashboard

eServices

John

New Messages762

Application Drafts2

Active Facilities22

Active Approvals64

Last Login: 07/05/2024 15:17 | Last Activity: Notification of Export, On 07/05/2024

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 46 items

10

<<<123...>>>

Application No.

Facility Name

Submission Type

Application Sub-Type

Application Status

Date Submitted

Actions

N240507BMF004

BMF | Biomanufacturing Facility

Notification of Complete Destruction and/or Disposal of Stock Inventory

Inventory Notification

Submitted

07/05/2024 17:49:42

Select

2.9. Notification of Inventory Adjustment

The Notification of Inventory Adjustment is submitted by the facility to update the facility's inventory records in the event of discrepancies that cannot be resolved through the submission of a relevant notification or the withdrawal of a submitted notification.

1. Select on **Notification of Inventory Adjustment** and click **NEXT**.

Inventory Related Notification

Select the Inventory Notification Type(s) for which you wish to make this application

Inventory Notification

- ☐ Request for Transfer
- ☐ Notification of Transfer
- ☐ Acknowledgement of Receipt of Transfer (from Facility Registered with Biosafety in HALP)
- ☐ Notification of Failure to Receive
- ☐ Notification of Export
- ☐ Notification of Receipt (from Facility Not Registered with Biosafety in HALP)
- ☐ Notification of Consumption for Fifth Schedule Toxin
- ☐ Notification of Complete Destruction and/or Disposal of Stock Inventory
- ☒ **Notification of Inventory Adjustment**

< Back NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Inventory Related Notification

- **Notification of Inventory Adjustment**

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

< Back START SUBMISSION

3. The system will redirect to the **Notification Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Inventory Related Notification

You are submitting: **Notification of Inventory Adjustment**

1

Notification Details

2

Preview and Submit

Facility Profile

Facility Name

BMF | Biomanufacturing Facility

Facility Address

430 Jurong West 4-5 653430

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Schedule *

Please Select

Name of Biological Agent/Toxin *

Please Select

Reason for Adjustment*

[< Back](#)

SAVE AS DRAFT

NEXT

4. **Select the Schedule.**

Note: Values displayed will vary depending on the Approval to Possess granted to the facility.

Biological Agent/Toxin

Schedule *

Please Select

Name of Biological Agent/Toxin *

Please Select

First Schedule Part I

5. **Select the Name of Biological Agent/Toxin.**

Note: Values displayed will vary depending on the Schedule selection and the Approval to Possess granted to the facility.

Name of Biological Agent/Toxin *

Please Select

Existing Physical Possession of Biological Agent

Please Select

BRUCELLA CANIS

Step 6 is only applicable to inventory adjustment for *biological agents*

6. Select Yes or No to Adjust the Physical Possession of Biological Agent.

Note: The value selected must differ from the value displayed for Existing Physical Possession of Biological Agent.

Name of Biological Agent/Toxin *	BHANJA VIRUS	
Existing Physical Possession of Biological Agent	☐ Yes	☒ No
Adjust Physical Possession of Biological Agent to* 	☒ Yes ☐ No	

Steps 7 is only applicable to inventory adjustment for *toxins*

7. Enter the current Quantity of Toxin at the facility and select the Unit of Measurement.

Existing Quantity of Toxin	10
Unit of Measurement	microgram
Adjust Quantity of Toxin to* 	1
Unit of Measurement*	<div>Please Select Please Select milligram microgram nanogram picogram</div>

8. Enter the Reason for Adjustment.

Reason for Adjustment* 	
--	--

9. Click NEXT to proceed. Click SAVE AS DRAFT to save progress.

< Back	SAVE AS DRAFT	NEXT
--------	---------------	------

10. The system will redirect to the **Preview and Submit** page. Click **Notification Details** to expand the section and verify the information. Click **Edit** to return to the notification form to make changes, if applicable.

Inventory Related Notification

You are submitting: **Notification of Inventory Adjustment**

1
Notification Details

2
Preview and Submit

Print

Notification Details ✓

Edit

Facility Profile

Facility Name

BMF | Biomanufacturing Facility

Facility Address

430 Jurong West 4-5 653430

Is the Facility a Protected Place?

Yes

Biological Agent/Toxin

Schedule

Fifth Schedule

Name of Biological Agent/Toxin

BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

Existing Quantity of toxin

99.99

Unit of Measurement

microgram

Adjust Quantity of toxin to

55

Unit of Measurement

microgram

Reason for Adjustment

Expire

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

11. Mark the checkbox for the **declaration**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

12. Click **SUBMIT**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

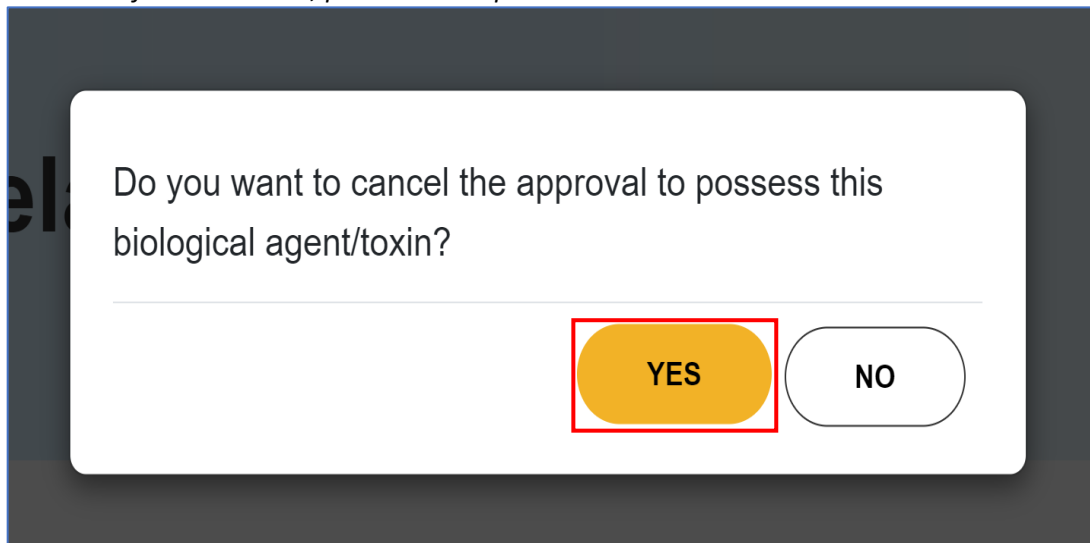
SAVE AS DRAFT

SUBMIT

Step 13 is only applicable if the facility has adjusted the physical possession of the biological agent to “No” or quantity of toxin to “0”.

13. Upon successful submission, system will display a prompt. Click **Yes** to proceed to cancel the approval to possess the biological agent or toxin. Refer to MOH HALP Internet - Facility User Guide Part 2.2 Section 7 for more information.

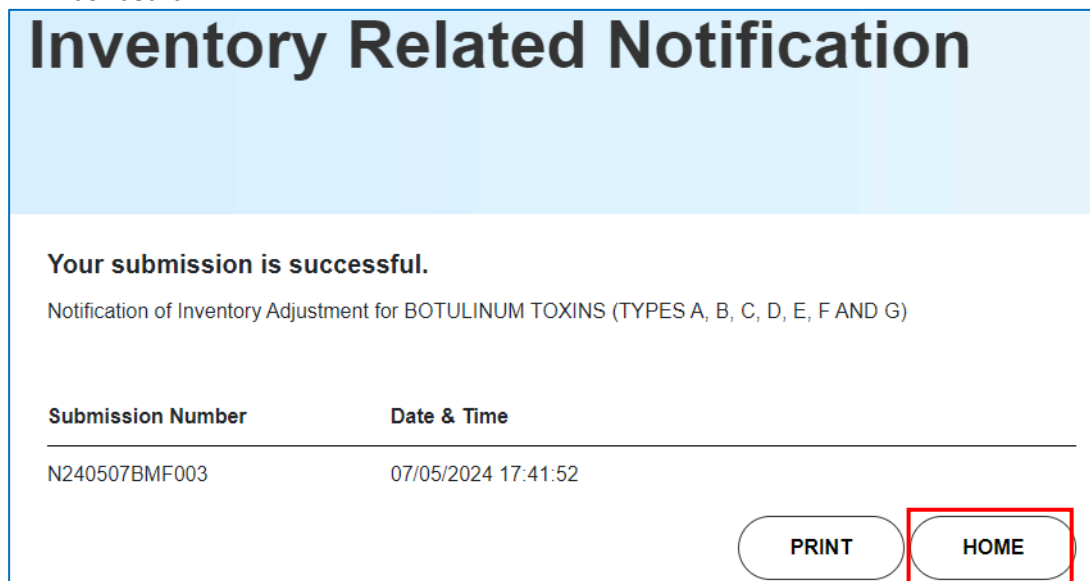
Note: If No is selected, proceed to step 14.



Do you want to cancel the approval to possess this biological agent/toxin?

YES **NO**

14. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.



Inventory Related Notification

Your submission is successful.

Notification of Inventory Adjustment for BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

Submission Number	Date & Time
N240507BMF003	07/05/2024 17:41:52

PRINT **HOME**

15. From the **Dashboard**, click the **Data Submissions** tab. Verify that the application status is **Submitted**.

Dashboard

eServices

John

New Messages762

Application Drafts2

Active Facilities22

Active Approvals64

Last Login: 07/05/2024 15:17 | Last Activity: Notification of Export, On 07/05/2024

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 45 items

10

<<<123...>>>

Application No.

Facility Name

Submission Type

Application Sub-Type

Application Status

Date Submitted

Actions

N240507BMF003

BMF | Biomanufacturing Facility

Notification of Inventory Adjustment

Inventory Notification

Submitted

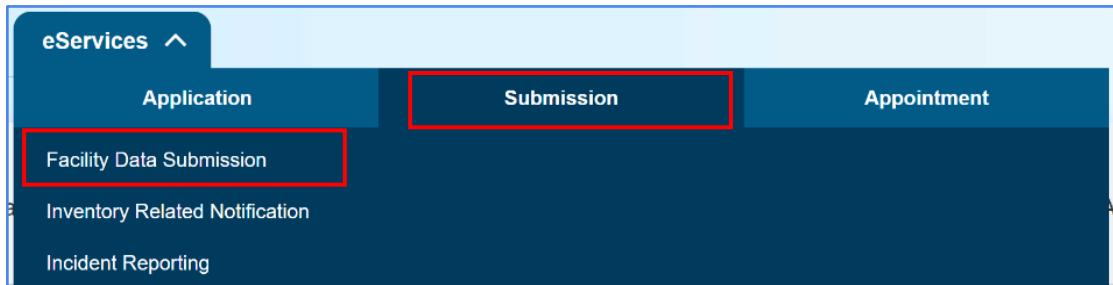
07/05/2024 17:41:52

N/A

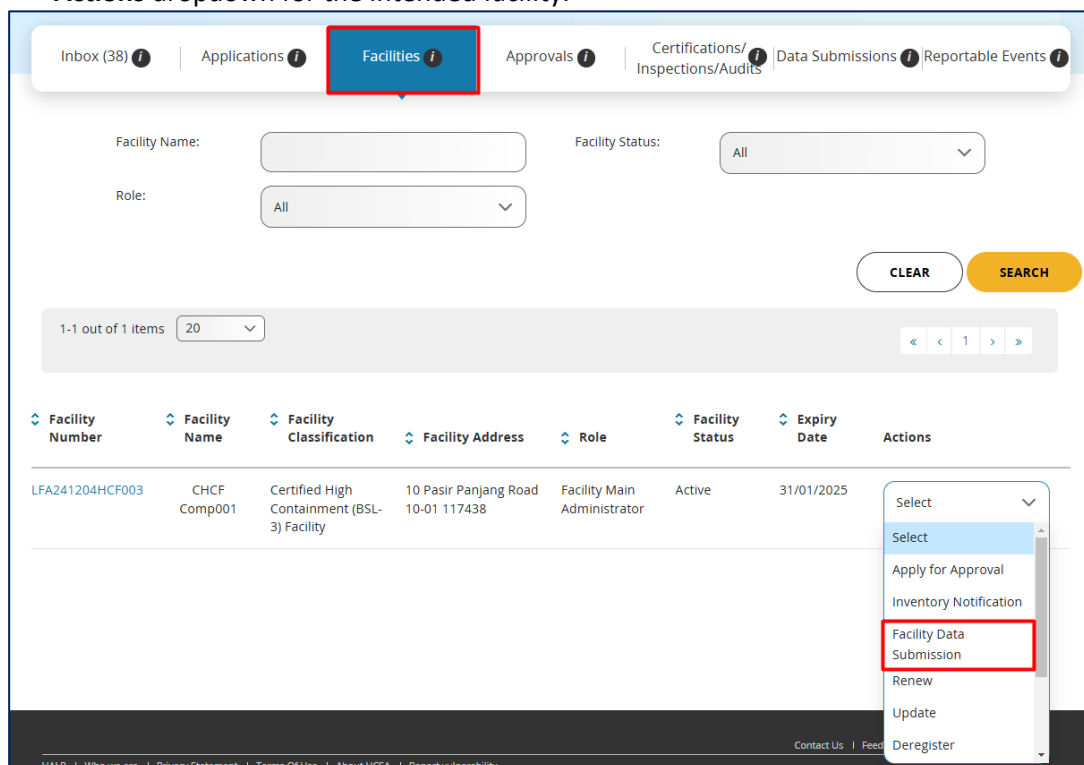
3. FACILITY DATA SUBMISSION

This section describes the steps to submit various types of facility data submissions.

1. At the **Dashboard**, hover over **eServices**, hover over **Submission** and click **Facility Data Submission**.



2. System will redirect to the **Facilities** tab. Select **Facility Data Submission** from the **Actions** dropdown for the intended facility.



3. The system will redirect to the **Facility Data Submission** page. From here onwards, the steps may differ depending on the type of data submission selected. Refer to the relevant section for the steps to submit the specific facility data submission:
 - a. [Red Teaming Report and Facility Physical Security Report](#)
 - b. [Half-Yearly Toxin Report](#)
 - c. [Self-Inspection Report](#)
 - d. [Lentivirus Report](#)
 - e. [Poliovirus Inventory Reporting \(Registered Facility\)](#)
 - f. [Poliovirus Inventory Reporting \(Certified Facility\)](#)
 - g. [Other Data Submission](#)

Facility Data Submission

Select the Data Submission you wish to submit

Facility Data Submission

- ☐ Red Teaming Report and Facility Physical Security Report
- ☐ Half-Yearly Toxin Report
- ☐ Self-Inspection Report
- ☐ Lentivirus Report
- ☐ Poliovirus Inventory Reporting (Registered Facility)
- ☐ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☐ Other Data Submission

[< Back](#)[NEXT](#)

3.1. Red Teaming Report and Facility Physical Security Report

Facilities that are gazetted as a Protected Place under the Infrastructure Protection Act are required to submit the Red Teaming Report and Facility Physical Security Report annually.

1. Select **Red Teaming Report and Facility Physical Security Report** and click **NEXT**.

Facility Data Submission

Select the Data Submission you wish to submit

Facility Data Submission

- ☒ Red Teaming Report and Facility Physical Security Report
- ☐ Half-Yearly Toxin Report
- ☐ Self-Inspection Report
- ☐ Lentivirus Report
- ☐ Poliovirus Inventory Reporting (Registered Facility)
- ☐ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☐ Other Data Submission

[< Back](#)[NEXT](#)

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Facility Data Submission

- Red Teaming Report and Facility Physical Security Report

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Submission Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Facility Data Submission

You are submitting: **Red Teaming Report** and **Facility Physical Security Report**

Submission Details **Preview and Submit**

Facility Profile

Facility Name CMCf | BSL-4

Facility Address 10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place? Yes

Submission Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Facility: Red Teaming Report *

UPLOAD

Facility: Physical Security Report *

UPLOAD

Others

UPLOAD

< Back **SAVE AS DRAFT** **NEXT**

4. Click **Upload** to select and upload the **Facility: Red Teaming Report**.

Facility: Red Teaming Report *

UPLOAD

5. Click **Upload** to select and upload the **Facility: Physical Security Report**.
Note: This refers to the PSWG report.

Facility: Physical Security Report *

UPLOAD

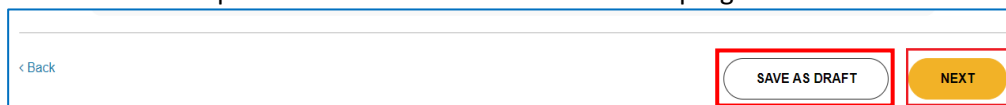
6. Click **Upload** to select and upload other supporting documents, if applicable.



Others

UPLOAD

7. Click **NEXT** to proceed. Click **SAVE AS DRAFT** to save progress.

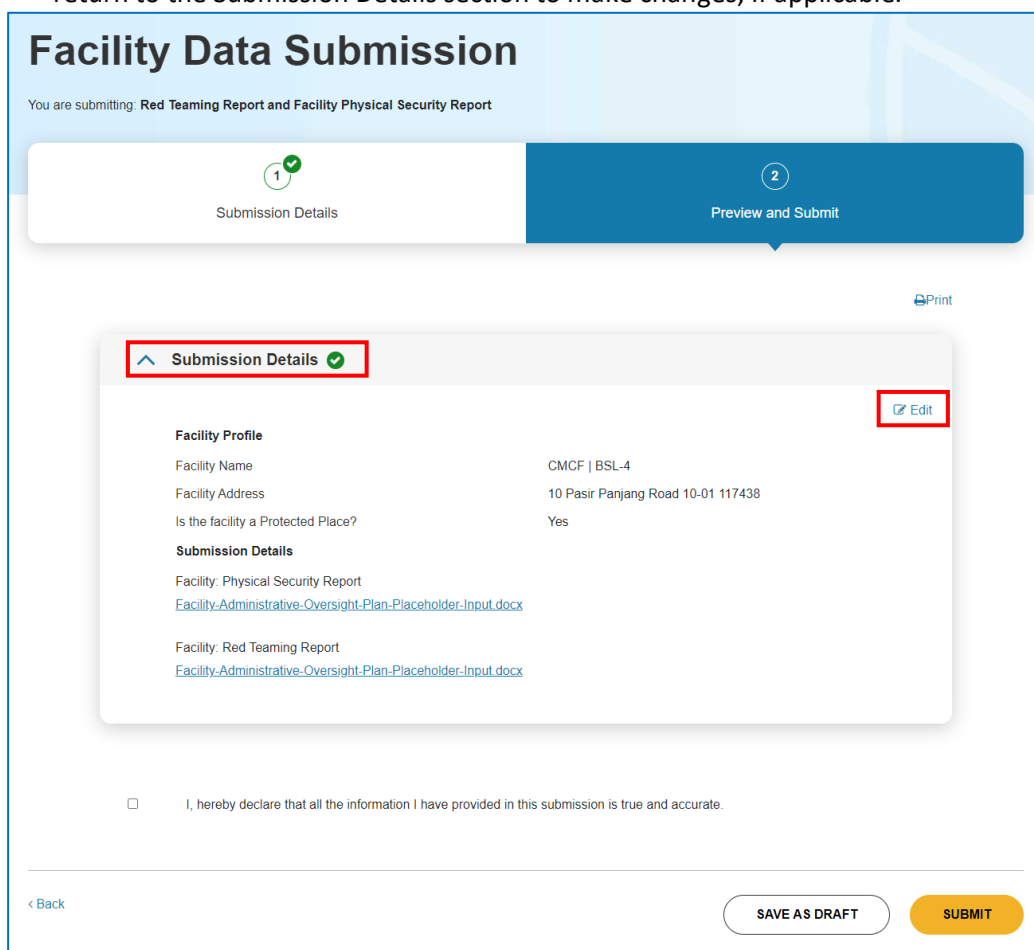


< Back

SAVE AS DRAFT

NEXT

8. The system will redirect to the **Preview and Submit** page. Click **Submission Details** to expand the section and verify that the correct documents were uploaded. Click **Edit** to return to the Submission Details section to make changes, if applicable.



Facility Data Submission

You are submitting: **Red Teaming Report and Facility Physical Security Report**

1 ✓
Submission Details

2
Preview and Submit

Print

Submission Details ✓

Edit

Facility Profile

Facility Name

CMCF | BSL-4

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the facility a Protected Place?

Yes

Submission Details

Facility: Physical Security Report

[Facility-Administrative-Oversight-Plan-Placeholder-Input.docx](#)

Facility: Red Teaming Report

[Facility-Administrative-Oversight-Plan-Placeholder-Input.docx](#)

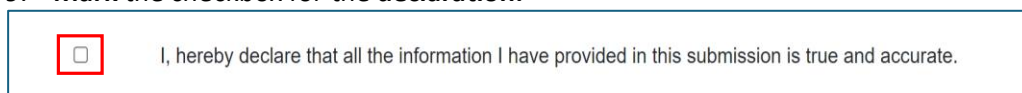
☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

9. **Mark the checkbox for the declaration.**



☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

10. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to complete the submission.

[< Back](#)

SAVE AS DRAFT

SUBMIT

11. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Facility Data Submission

Your submission is successful.

Facility: Red Teaming Report

Facility: Physical Security Report

Submission Number	Date & Time
N240507MCF011	07/05/2024 17:59:56

PRINT

HOME

12. From the **Dashboard**, click the **Data Submissions** tab. Verify that the submission status is **Pending MOH**.

Dashboard eServices

John

New Messages762

Application Drafts2

Active Facilities22

Active Approvals64

Last Login: 07/05/2024 15:17 | Last Activity: Notification of Export, On 07/05/2024

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

Date Submitted From:

Application Sub-Type

Application Status

Date submitted To:

CLEAR

SEARCH

1-10 out of 47 items

<<

<

1

2

3

>

>>

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N240507MCF011	CMCF BSL-4	Red Teaming Report and Facility Physical Security Report	Facility Data Submission	Pending MOH	07/05/2024 17:59:56	Select

3.2. Half-Yearly Toxin Report

Registered Facilities with facility activity type Handling of Fifth Schedule Toxins for Exempted Purposes are required to submit the Half-Yearly Toxin Report.

1. Select the **Half-Yearly Toxin Report** and click **NEXT**.

The screenshot shows the 'Facility Data Submission' page. At the top, it says 'Select the Data Submission you wish to submit'. Below this, there is a list of submission types with radio buttons. The 'Half-Yearly Toxin Report' option is selected and highlighted with a red box. At the bottom right, there is a yellow 'NEXT' button, also highlighted with a red box. A '< Back' link is at the bottom left.

Facility Data Submission

Select the Data Submission you wish to submit

- ☐ Red Teaming Report and Facility Physical Security Report
- ☒ Half-Yearly Toxin Report
- ☐ Self-Inspection Report
- ☐ Lentivirus Report
- ☐ Poliovirus Inventory Reporting (Registered Facility)
- ☐ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☐ Other Data Submission

< Back

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

The screenshot shows the 'Facility Data Submission' page for the 'Half-Yearly Toxin Report'. It displays a table of company information, which is highlighted with a red box. Below the table, there is a 'Before You Begin' section with a bullet point. At the bottom right, there is a yellow 'START SUBMISSION' button, also highlighted with a red box. A '< Back' link is at the bottom left.

Facility Data Submission

- **Half-Yearly Toxin Report**

Company Information

UEN Number:	117663311C
Company Name:	Emily
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

< Back

START SUBMISSION

3. The system will redirect to the **Submission Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Facility Data Submission

You are submitting: Half-Yearly Toxin Report

1
Submission Details

2
Preview and Submit

Facility Profile

Facility Name	RF 5th AY
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes
Person-In-Charge	Aily

Submission Details

The following is the Toxin Inventory information that was submitted for the facility previously. Please review the information to ensure that it is up to date.

Toxin 1

Schedule	Fifth Schedule
Name of Toxin	HT-2 TOXIN
Type of sample that will be handled	<div>☐ Culture/isolate of biological agent</div> <div>☒ Pure toxin</div> <div>☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin</div> <div>☐ Animal sample containing biological agent or toxin</div> <div>☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)</div> <div>☐ Food sample containing biological agent or toxin</div> <div>☐ Others. Please specify.</div>
Type of work that will be carried out involving the toxin	<div>☒ Generation/isolation of toxin</div> <div>☐ Serological test</div> <div>☐ Molecular test</div> <div>☐ Animal studies (specify the type of animal under details)</div> <div>☐ Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details</div> <div>☐ Others. Please specify.</div>

Is the above information on the facility's Toxin Inventory up to date? *

☐ Yes ☐ No

[< Back](#)

SAVE AS DRAFT

NEXT

Steps 4 to 8 are only applicable if the facility's Toxin Inventory is not up to date with Biosafety in HALP

4. Select **No** to enable editing of fields and upload of toxin report.

Is the above information on the facility's Toxin Inventory up to date? *

☐ Yes

☒ No

5. Click **Next** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

SAVE AS DRAFT

NEXT

6. Update the relevant data fields, where applicable.

Facility Data Submission

You are submitting: Half-Yearly Toxin Report

1
Submission Details

2
Preview and Submit

Facility Profile

Facility Name	RF 5th AY
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes
Person-In-Charge	Aily

Submission Details

Please make the necessary changes to reflect the current Toxin Inventory at the facility; please attach the half-yearly Toxin Report, signed by the Person-In-Charge of the facility.

Toxin 1

Schedule *

Name of Toxin *

Type of sample that will be handled *

Type of work that will be carried out involving the toxin *

Fifth Schedule

HT-2 TOXIN

☐ Culture/isolate of biological agent

☒ Pure toxin

☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin

☐ Animal sample containing biological agent or toxin

☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)

☐ Food sample containing biological agent or toxin

☐ Others. Please specify.

☒ Generation/isolation of toxin

☐ Serological test

☐ Molecular test

☐ Animal studies (specify the type of animal under details)

☐ Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details

☐ Others. Please specify.

+ Add New Toxin

7. Click **Upload** to select and upload the biannual toxin report.

Additional Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, BMP.
- Please select the corresponding Document Type for each uploaded document.

Attachment *

UPLOAD

8. Click **NEXT**. Click **SAVE AS DRAFT** at any point to save progress.

SAVE AS DRAFT

NEXT

9. The system will redirect to the **Preview and Submit** page. Click **Submission Details** to expand the section and verify the information. Click **Edit** to return to the Submission Details section to make changes, if applicable.

Facility Data Submission

You are submitting: Half-Yearly Toxin Report

1
Submission Details

2
Preview and Submit

[Print](#)

Submission Details

Facility Profile

Facility Name	RF 5th AY
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes
Person-In-Charge	Aily

Submission Details

Toxin 1

Schedule	Fifth Schedule
Name of Toxin	HT-2 TOXIN
Type of sample that will be handled	Pure toxin
Type of work that will be carried out involving the toxin	Generation/isolation of toxin

Additional Details

Attachment

[FormA.png](#) Facility: Toxin Report (half-yearly)

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

[< Back](#)

SAVE AS DRAFTSUBMIT

10. Mark the checkbox for the **declaration**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

11. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to complete the submission.

[< Back](#)

SAVE AS DRAFT

SUBMIT

12. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Facility Data Submission

Your submission is successful.

Facility: Toxin Report (half-yearly)

Submission Number	Date & Time
N241223ETF002	23/12/2024 22:19:29

PRINT

HOME

13. From the **Dashboard**, click the **Data Submissions** tab. Verify that the submission status is **Pending MOH**.

Inbox (40)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-2 out of 2 Items

20

<< < 1 > >>

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N241223ETF002	RF 5thT AY	Half-Yearly Toxin Report	Facility Data Submission	Pending MOH	23/12/2024 22:19:29	Select

3.3. Self-Inspection Report

Uncertified Facilities and Biomanufacturing (Large-scale) Production Facilities are required to submit the self-inspection report annually.

1. Select **Self-Inspection Report** and click **NEXT**.

The screenshot shows the 'Facility Data Submission' page. At the top, it says 'Select the Data Submission you wish to submit'. Below this, there is a list of submission options, each with a radio button. The 'Self-Inspection Report' option is selected and highlighted with a red box. At the bottom left, there is a '< Back' link, and at the bottom right, there is a yellow 'NEXT' button highlighted with a red box.

Facility Data Submission

Select the Data Submission you wish to submit

Facility Data Submission

- ☐ Red Teaming Report and Facility Physical Security Report
- ☐ Half-Yearly Toxin Report
- ☒ Self-Inspection Report
- ☐ Lentivirus Report
- ☐ Poliovirus Inventory Reporting (Registered Facility)
- ☐ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☐ Other Data Submission

< Back

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

The screenshot shows the 'Facility Data Submission' page, specifically the 'Self-Inspection Report' section. The 'Company Information' section is highlighted with a red box. It contains a table with the following information:

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Below the table, there is a 'Before You Begin' section with a bullet point stating: 'This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later'. At the bottom left, there is a '< Back' link, and at the bottom right, there is a yellow 'START SUBMISSION' button highlighted with a red box.

Facility Data Submission

• **Self-Inspection Report**

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

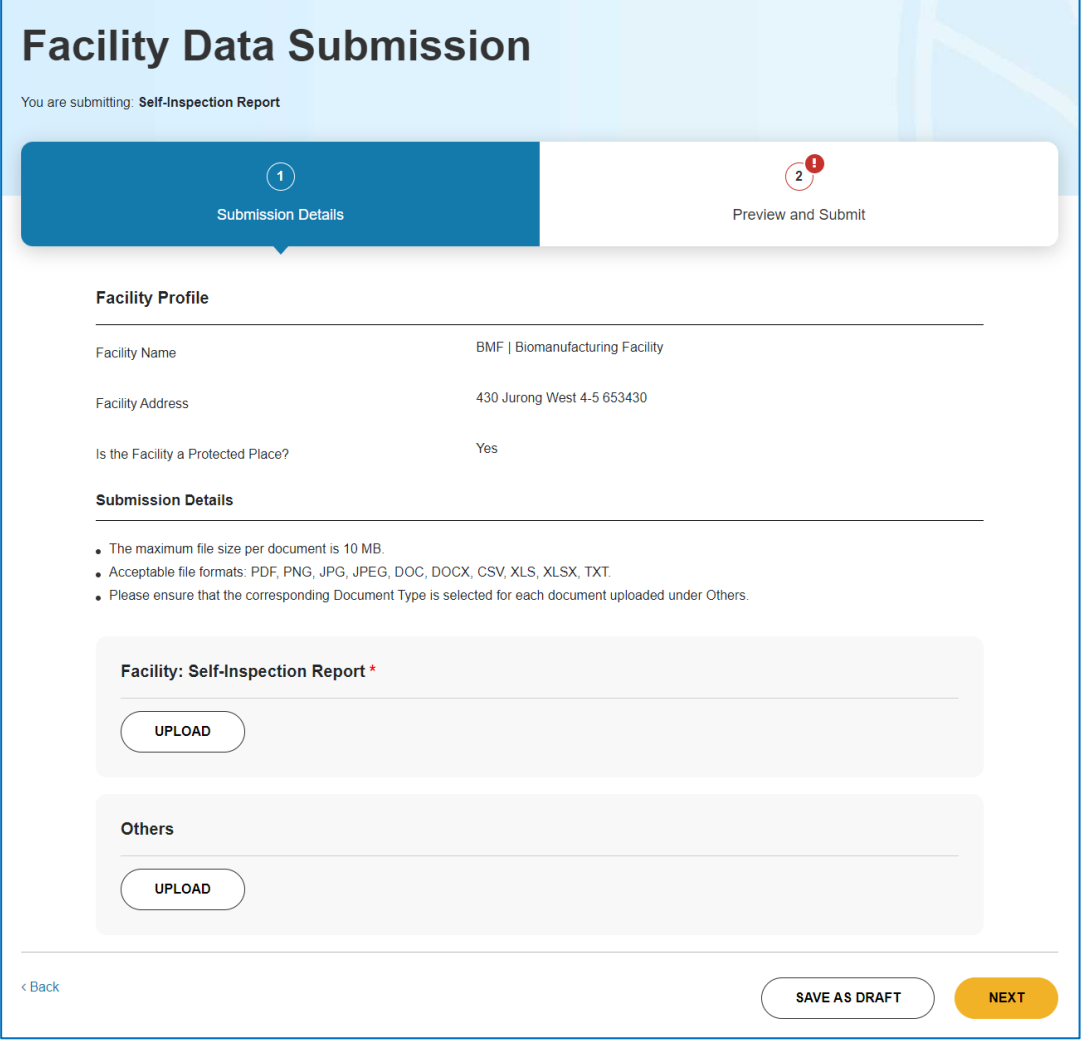
Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

< Back

START SUBMISSION

3. The system will redirect to the **Submission Details** page. Click **SAVE AS DRAFT** at any point to save progress.



The screenshot shows the 'Facility Data Submission' form. At the top, it says 'You are submitting: Self-Inspection Report'. Below this is a progress bar with two steps: '1 Submission Details' (active) and '2 Preview and Submit' (with a red exclamation mark icon). The form is divided into two main sections: 'Facility Profile' and 'Submission Details'. The 'Facility Profile' section contains three fields: 'Facility Name' (BMF | Biomanufacturing Facility), 'Facility Address' (430 Jurong West 4-5 653430), and 'Is the Facility a Protected Place?' (Yes). The 'Submission Details' section contains a list of instructions: 'The maximum file size per document is 10 MB.', 'Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.', and 'Please ensure that the corresponding Document Type is selected for each document uploaded under Others.' Below the instructions are two upload sections: 'Facility: Self-Inspection Report *' and 'Others'. Each section has an 'UPLOAD' button. At the bottom of the form, there is a '< Back' link, a 'SAVE AS DRAFT' button, and a 'NEXT' button.

Facility Data Submission

You are submitting: **Self-Inspection Report**

1 Submission Details **2** Preview and Submit

Facility Profile

Facility Name BMF | Biomanufacturing Facility

Facility Address 430 Jurong West 4-5 653430

Is the Facility a Protected Place? Yes

Submission Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Facility: Self-Inspection Report *

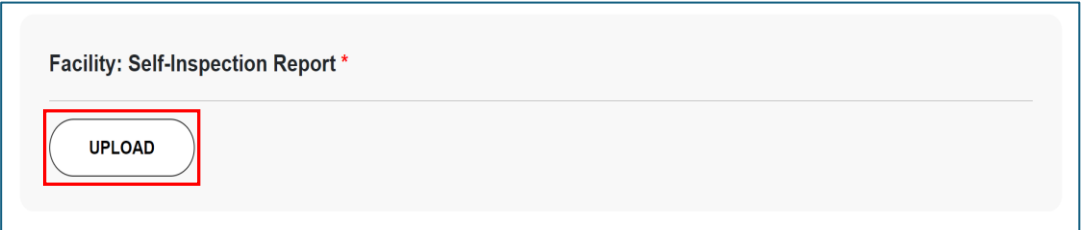
UPLOAD

Others

UPLOAD

< Back SAVE AS DRAFT NEXT

4. Click **Upload** to select and upload the **Facility: Self-Inspection Report**.

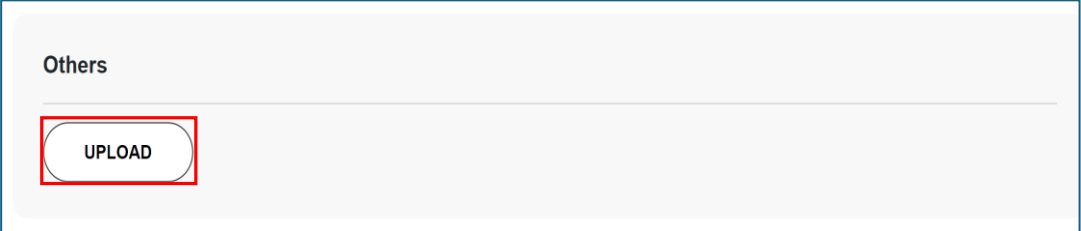


This screenshot shows a close-up of the 'Facility: Self-Inspection Report *' section. The 'UPLOAD' button is highlighted with a red rectangular border.

Facility: Self-Inspection Report *

UPLOAD

5. Click **Upload** to select and upload other supporting documents, if applicable.



This screenshot shows a close-up of the 'Others' section. The 'UPLOAD' button is highlighted with a red rectangular border.

Others

UPLOAD

6. Click **NEXT**. Click **SAVE AS DRAFT** to save progress.

< Back

SAVE AS DRAFT

NEXT

7. The system will redirect to the **Preview and Submit** page. Click **Submission Details** to expand the section and verify that the correct documents were uploaded. Click **Edit** to return to the Submission Details section to make changes, if applicable.

Facility Data Submission

You are submitting: **Self-Inspection Report**

1 ✓
Submission Details

2
Preview and Submit

Print

^ Submission Details ✓

Edit

Facility Profile

Facility Name

BMF | Biomanufacturing Facility

Facility Address

430 Jurong West 4-5 653430

Is the facility a Protected Place?

Yes

Submission Details

Facility: Self-Inspection Report

[Verified 0147031.png](#)

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

8. **Mark** the checkbox for the **declaration**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

9. Click **Submit**. Click **SAVE AS DRAFT** at any point to save progress.

< Back

SAVE AS DRAFT

SUBMIT

10. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Facility Data Submission

Your submission is successful.

Facility: Self-Inspection Report

Submission Number	Date & Time
N240507BMF005	07/05/2024 18:28:49

PRINT

HOME

11. From the **Dashboard**, click the **Data Submissions** tab. Verify that the submission status is **Pending MOH**.

Dashboard eServices John

New Messages 762

Application Drafts 2

Active Facilities 22

Active Approvals 64

Last Login: 07/05/2024 15:17 | Last Activity: Notification of Export, On 07/05/2024

Inbox (762)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

Date Submitted From:

Application Sub-Type

Application Status

Date submitted To:

CLEAR

SEARCH

1-10 out of 49 items

<<

<

1

2

3

>

>>

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N240507BMF005	BMF Biomanufacturing Facility	Self-Inspection Report	Facility Data Submission	Pending MOH	07/05/2024 18:28:49	Select

3.4. Lentivirus Report

Facilities with approval to possess lentivirus vectors are required to submit the lentivirus report annually.

1. Select **Lentivirus Report** and click **NEXT**.

The screenshot shows the 'Facility Data Submission' page. At the top, it says 'Select the Data Submission you wish to submit'. Below this is a list of submission types: Red Teaming Report and Facility Physical Security Report, Half-Yearly Toxin Report, Self-Inspection Report, **Lentivirus Report** (which is selected and highlighted with a red box), Poliovirus Inventory Reporting (Registered Facility), Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility), and Other Data Submission. At the bottom left is a '< Back' link, and at the bottom right is a yellow 'NEXT' button highlighted with a red box.

Facility Data Submission

Select the Data Submission you wish to submit

- ☐ Red Teaming Report and Facility Physical Security Report
- ☐ Half-Yearly Toxin Report
- ☐ Self-Inspection Report
- ☒ **Lentivirus Report**
- ☐ Poliovirus Inventory Reporting (Registered Facility)
- ☐ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☐ Other Data Submission

< Back

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

The screenshot shows the 'Facility Data Submission' page for the 'Lentivirus Report'. It features a 'Company Information' section with a table of details: UEN Number (423416813Z), Company Name (John), Block (10), Street Name (Pasir Panjang Road), Floor and Unit No. (10 - 01), and Postal Code (117438). Below this is a 'Before You Begin' section with a note that the form takes about 10 minutes to complete and can be saved. At the bottom left is a '< Back' link, and at the bottom right is a yellow 'START SUBMISSION' button highlighted with a red box.

Facility Data Submission

• **Lentivirus Report**

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

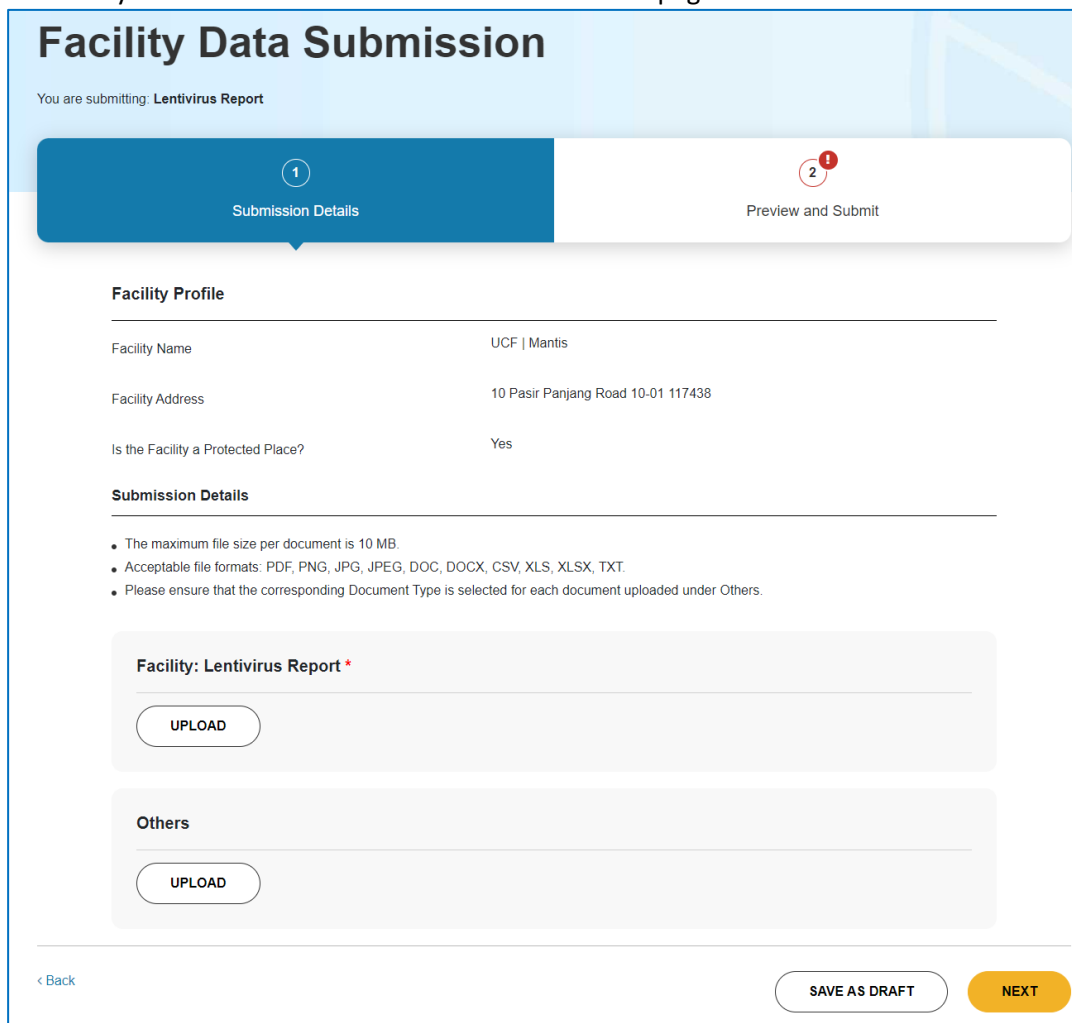
Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

< Back

START SUBMISSION

3. The system will redirect to the **Submission Details** page.



The screenshot shows the 'Facility Data Submission' page. At the top, it says 'You are submitting: **Lentivirus Report**'. Below this is a navigation bar with two tabs: 'Submission Details' (marked with a circled '1') and 'Preview and Submit' (marked with a circled '2'). The 'Submission Details' tab is active. Under this tab, there are two sections: 'Facility Profile' and 'Submission Details'. The 'Facility Profile' section contains three rows of information: 'Facility Name' (UCF | Mantis), 'Facility Address' (10 Pasir Panjang Road 10-01 117438), and 'Is the Facility a Protected Place?' (Yes). The 'Submission Details' section contains a list of instructions: 'The maximum file size per document is 10 MB.', 'Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.', and 'Please ensure that the corresponding Document Type is selected for each document uploaded under Others.' Below these instructions are two upload sections. The first section is titled 'Facility: Lentivirus Report *' and has an 'UPLOAD' button. The second section is titled 'Others' and also has an 'UPLOAD' button. At the bottom of the form, there is a '< Back' link on the left, and 'SAVE AS DRAFT' and 'NEXT' buttons on the right.

Facility Data Submission

You are submitting: **Lentivirus Report**

Submission Details

Facility Profile

Facility Name: UCF | Mantis

Facility Address: 10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?: Yes

Submission Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Facility: Lentivirus Report *

UPLOAD

Others

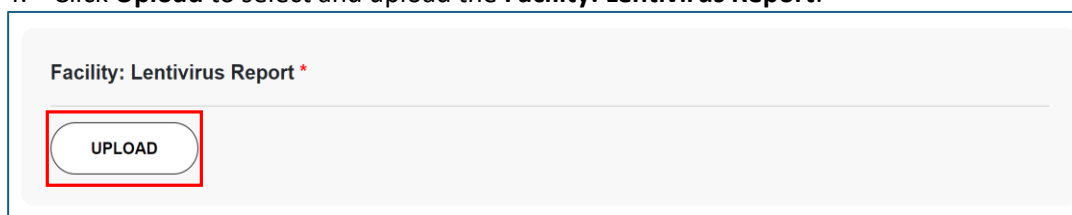
UPLOAD

< Back

SAVE AS DRAFT

NEXT

4. Click **Upload** to select and upload the **Facility: Lentivirus Report**.

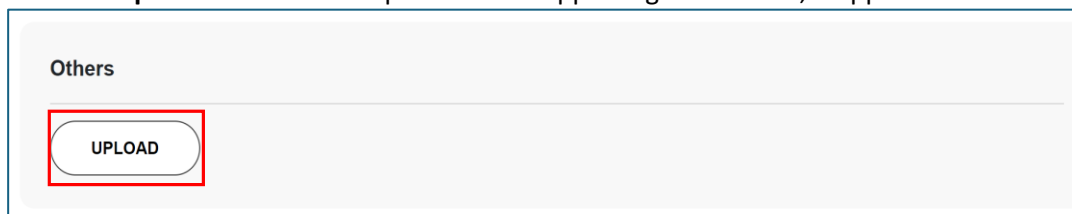


This screenshot shows a close-up of the 'Facility: Lentivirus Report *' section. The 'UPLOAD' button is highlighted with a red rectangular box.

Facility: Lentivirus Report *

UPLOAD

5. Click **Upload** to select and upload other supporting documents, if applicable.

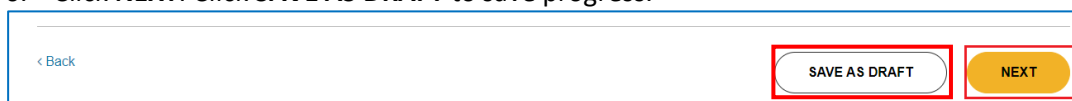


This screenshot shows a close-up of the 'Others' section. The 'UPLOAD' button is highlighted with a red rectangular box.

Others

UPLOAD

6. Click **NEXT**. Click **SAVE AS DRAFT** to save progress.



This screenshot shows the bottom of the form. The 'SAVE AS DRAFT' and 'NEXT' buttons are highlighted with red rectangular boxes.

< Back

SAVE AS DRAFT

NEXT

7. The system will redirect to the **Preview and Submit** page. Click **Submission Details** to expand the section and verify that the correct documents were uploaded. Click **Edit** to return to the Submission Details section to make changes, if applicable.

Facility Data Submission

You are submitting: **Lentivirus Report**

1

2

Submission Details

Preview and Submit

Submission Details

Edit

Facility Profile

Facility NameUCF | MantisFacility Address10 Pasir Panjang Road 10-01 117438Is the facility a Protected Place?Yes

Submission Details

Facility: Lentivirus Report
[Verified 0146945.docx](#)

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

8. **Mark the checkbox for the declaration.**

☐

I, hereby declare that all the information I have provided in this submission is true and accurate.

9. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT**.

< Back

SAVE AS DRAFT

SUBMIT

10. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Facility Data Submission

Your submission is successful.

Facility: Lentivirus Report

Submission Number	Date & Time
N240507UCF001	07/05/2024 18:51:55

PRINT

HOME

11. From the **Dashboard**, click the **Data Submissions** tab. Verify that the submission status is **Pending MOH**.

Dashboard eServices

John

New Messages766

Application Drafts2

Active Facilities22

Active Approvals66

Last Login: 07/05/2024 15:17 | Last Activity: Notification of Export, On 07/05/2024

Inbox (766)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 50 items10

Application No.

Facility Name

Submission Type

Application Sub-Type

Application Status

Date Submitted

Actions

N240507UCF001

UCF | Mantis

Lentivirus Report

Facility Data Submission

Pending MOH

07/05/2024 18:51:55

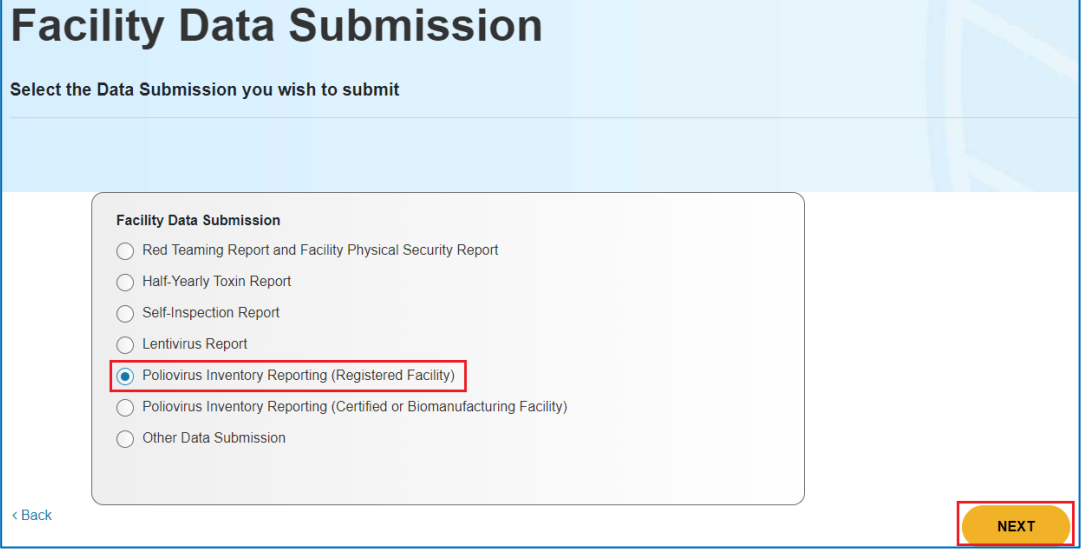
Select

3.5. Poliovirus Inventory Reporting (Registered Facility)

Registered Facilities with facility activity type Handling of **Poliovirus Potentially Infectious Materials** are required to submit the Poliovirus Inventory Reporting annually.

Note: This inventory submission is for Poliovirus Potentially Infectious Materials. For submission of Poliovirus Infectious Materials inventory, refer to [MOH HALP Internet - Facility User Guide Part 3 Section 6.6 Poliovirus Inventory Reporting \(Certified Facility\)](#).

1. Select **Poliovirus Inventory Reporting (Registered Facility)** and click **NEXT**.



The screenshot shows a web form titled "Facility Data Submission". Below the title is the instruction "Select the Data Submission you wish to submit". A list of submission options is presented in a rounded rectangle. The options are: "Red Teaming Report and Facility Physical Security Report", "Half-Yearly Toxin Report", "Self-Inspection Report", "Lentivirus Report", "Poliovirus Inventory Reporting (Registered Facility)", "Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)", and "Other Data Submission". The "Poliovirus Inventory Reporting (Registered Facility)" option is selected, indicated by a blue dot and a red rectangular highlight. At the bottom left of the form is a "< Back" link, and at the bottom right is a yellow "NEXT" button with a red rectangular highlight.

Facility Data Submission

Select the Data Submission you wish to submit

- ☐ Red Teaming Report and Facility Physical Security Report
- ☐ Half-Yearly Toxin Report
- ☐ Self-Inspection Report
- ☐ Lentivirus Report
- ☒ Poliovirus Inventory Reporting (Registered Facility)
- ☐ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☐ Other Data Submission

< Back

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Facility Data Submission

- **Poliovirus Inventory Reporting (Registered Facility)**

Company Information

UEN Number:	117663311C
Company Name:	Emily
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

- The system will redirect to the **Submission Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Note: The inventory information on this page is displayed view-only.

Facility Data Submission

You are submitting: Poliovirus Inventory Reporting (Registered Facility)

1
Submission Details

2
Preview and Submit

Facility Profile

Facility Name	RF PIM LOC
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes
Person-In-Charge	KCAAZ

Submission Details

The following is the Poliovirus Inventory information that was submitted for the facility previously. Please review the information to ensure that it is up to date.

Inventory information

OPV/Sabin 1 IM	☐ Yes	☒ No
OPV/Sabin 2 IM	☐ Yes	☒ No
OPV/Sabin 3 IM	☐ Yes	☒ No
OPV/Sabin 1 PIM	☒ Yes	☐ No

(For each PIM type, please specify the highest risk level associated with the work involving the PIM and the reason for retention of the PIM.)

Risk Level * 1 Lowest ▼

Reason For Retention

Sample reason

Expected Destruction Date 20/02/2025

OPV/Sabin 2 PIM	☐ Yes	☒ No
OPV/Sabin 3 PIM	☐ Yes	☒ No

Is the above information on the facility's Poliovirus Inventory up to date? * ☐ Yes ☐ No

[< Back](#)

SAVE AS DRAFTNEXT

- Review the inventory information displayed. Select **Yes** or **No** to indicate whether the displayed information on the facility's Poliovirus Inventory is up to date.

Is the above information on the facility's Poliovirus Inventory up to date? * ☐ Yes ☐ No

5. Click **NEXT**. Click **SAVE AS DRAFT** at any point to save progress. Proceed to step 6 if inventory requires update i.e. “No” is selected in step 4. Proceed to step 10 if the inventory information is current i.e. “Yes” is selected in step 4.

< Back

SAVE AS DRAFT

NEXT

Steps 6 to 9 are only applicable if updates to inventory information is required

6. System displays the existing information with edit function enabled. Update the information, where applicable.

Facility Data Submission

You are submitting: Poliovirus Inventory Reporting (Registered Facility)

1
Submission Details

2
Preview and Submit

Facility Profile

Facility Name	RF PIM LOC
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes
Person-In-Charge	KCAAZ

Submission Details

Please make the necessary changes to reflect the current Poliovirus Inventory at the facility; please attach an updated Poliovirus Inventory Reporting Form, signed by the Person-In-Charge. If there is a change in the Risk Level associated with the poliovirus potentially infectious materials, please also upload an updated Risk Mitigation Plan for the facility.

Inventory Information

OPV/Sabin 1 IM *

☒ Yes ☐ No

(Please specify the reason for retention of the IM and the expected destruction date.)

Expected Destruction Date *

19/02/2025

Reason For Retention *

Sample comments

OPV/Sabin 2 IM

☐ Yes ☒ No

OPV/Sabin 3 IM *

☐ Yes ☒ No

OPV/Sabin 1 PIM *

☐ Yes ☒ No

OPV/Sabin 2 PIM *

☐ Yes ☒ No

OPV/Sabin 3 PIM *

☐ Yes ☒ No

Additional Details*

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, BMP.
- Please select the corresponding Document Type for each uploaded document.

Attachment *

UPLOAD

< Back

SAVE AS DRAFT

NEXT

7. For each type of poliovirus infectious materials handled or retained by the facility, indicate the Expected Destruction Date and Reason for Retention.

OPV/Sabin 1 IM *	☒ Yes ☐ No
(Please specify the reason for retention of the IM and the expected destruction date.)	
Expected Destruction Date *	dd/MM/yyyy
Reason For Retention *	

8. For each type of poliovirus potentially infectious materials handled or retained by the facility, indicate the Risk Level and Reason for Retention, and Expected Destruction Date, where applicable.

OPV/Sabin 1 PIM *	☒ Yes ☐ No
(For each PIM type, please specify the highest risk level associated with the work involving the PIM and the reason for retention of the PIM.)	
Risk Level * 	Please Select 
Reason For Retention *	
Expected Destruction Date	dd/MM/yyyy

9. Click **Upload** to select and upload the updated Reporting Form.
Note: When there are changes to inventory information, provide an updated signed copy of the Reporting Form.

Additional Details*
<ul style="list-style-type: none">• The maximum file size per document is 10 MB.• Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.• Please select the corresponding Document Type for each uploaded document.
Attachment
<div>UPLOAD</div>

10. The system will redirect to the **Preview and Submit** page. Click **Submission Details** to expand the section and verify the information. Click **Edit** to return to the Submission Details section to make changes, if applicable.

Facility Data Submission

You are submitting: Poliovirus Inventory Reporting (Registered Facility)

1
Submission Details

2
Preview and Submit

Print

Submission Details

Edit

Facility Profile

Facility Name

RF PIM LOC

Facility Address

10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place?

Yes

Person-In-Charge

KCAAZ

Submission Details

Inventory Information

OPV/Sabin 1 IM

No

OPV/Sabin 2 IM

No

OPV/Sabin 3 IM

No

OPV/Sabin 1 PIM

Yes

Risk level

Lowest

Expected destruction date

20/02/2025

Reason for Retention

Sample reason

OPV/Sabin 2 PIM

No

OPV/Sabin 3 PIM

No

Is the above information on the facility's Poliovirus Inventory up to date?

Yes

Additional Details

Attachment

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

Back

SAVE AS DRAFT

SUBMIT

11. **Mark the checkbox for the declaration.**

☐

I, hereby declare that all the information I have provided in this submission is true and accurate.

Page | 123

12. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to complete the submission.

[< Back](#)

SAVE AS DRAFT

SUBMIT

13. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Facility Data Submission

Your submission is successful.

Submission Number	Date & Time
N241223PNF002	23/12/2024 22:40:21

PRINT

HOME

14. From the **Dashboard**, click the **Data Submissions** tab. Verify that the submission status is **Pending MOH**.

Inbox (42) | Applications | Facilities | Approvals | Certifications/Inspections/Audits | **Data Submissions** | Reportable Events

Application No.
Facility name
Submission Type
Date Submitted From:

All

dd/mm/yyyy

Application Sub-Type
Application Status
Date submitted To:

All

All

dd/mm/yyyy

CLEAR

SEARCH

1-3 out of 3 items

20

<< < 1 > >>

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N241223PNF002	RF PIM LOC	Poliovirus Inventory Reporting (Registered Facility)	Facility Data Submission	Pending MOH	23/12/2024 22:40:21	Select

Page | 124

3.6. Poliovirus Inventory Reporting (Certified Facility)

Certified Facilities with facility activity type Handling of Poliovirus **Infectious Materials** are required to submit the Poliovirus Inventory Reporting annually.

Note: This inventory submission is for Poliovirus Infectious Materials. For submission of Poliovirus Potential Infectious Materials inventory, refer [to MOH HALP Internet - Facility User Guide Part 3 Section 6.5 Poliovirus Inventory Reporting \(Registered Facility\)](#).

1. Click **Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)** and click **NEXT**.

Facility Data Submission

Select the Data Submission you wish to submit

- ☐ Red Teaming Report and Facility Physical Security Report
- ☐ Half-Yearly Toxin Report
- ☐ Self-Inspection Report
- ☐ Lentivirus Report
- ☐ Poliovirus Inventory Reporting (Registered Facility)
- ☒ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☐ Other Data Submission

[< Back](#) [NEXT](#)

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

Facility Data Submission

- Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

[< Back](#)

START SUBMISSION

3. The system will redirect to the **Submission Details** page. Click **SAVE AS DRAFT** at any point to save progress.

Facility Data Submission

You are submitting: Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)

Submission Details

Facility Profile

Facility Name: CMCF | BSL-4

Facility Address: 10 Pasir Panjang Road 10-01 117438

Is the Facility a Protected Place? Yes

Submission Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Facility: PV Inventory Reporting Form *

UPLOAD

Others

UPLOAD

< Back

SAVE AS DRAFT

NEXT

4. Click **Upload** to select and upload the **Facility: PV Inventory Reporting Form**.

Facility: PV Inventory Reporting Form *

UPLOAD

5. Click **Upload** to select and upload other supporting documents, if applicable.

Others

UPLOAD

6. Click **NEXT**. Click **SAVE AS DRAFT** to save progress.

< Back

SAVE AS DRAFT

NEXT

7. The system will redirect to the **Preview and Submit** page. Click **Submission Details** to expand the section and verify that the correct documents were uploaded. Click **Edit** to return to the Submission Details section to make changes, if applicable.

Facility Data Submission

You are submitting: Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)

1
Submission Details

2
Preview and Submit

Print

Submission Details

Facility Profile

Facility Name: CMCB | BSL-4

Facility Address: 10 Pasir Panjang Road 10-01 117438

Is the facility a Protected Place?: Yes

Submission Details

Facility: PV Inventory Reporting Form

[Weekly Report 03.docx](#)

Edit

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

8. **Mark** the checkbox for the **declaration**.

☐ I, hereby declare that all the information I have provided in this submission is true and accurate.

9. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to complete the submission.

< Back

SAVE AS DRAFT

SUBMIT

10. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Facility Data Submission

Your submission is successful.

Facility: PV Inventory Reporting Form

Submission Number	Date & Time
N240508MCF002	08/05/2024 10:24:03

PRINT

HOME

11. From the **Dashboard**, click the **Data Submissions** tab. Verify that the submission status is **Pending MOH**.

Dashboard eServices

John

New Messages773

Application Drafts2

Active Facilities23

Active Approvals74

Last Login: 07/05/2024 17:26 | Last Activity: Lentivirus Report, On 07/05/2024

Inbox (773)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

Date Submitted From:

Application Sub-Type

Application Status

Date submitted To:

CLEAR

SEARCH

1-10 out of 54 items

10

<

<

1

2

3

>

>

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N240508MCF002	CMCF BSL-4	Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)	Facility Data Submission	Pending MOH	08/05/2024 10:24:03	Select

3.7. Other Data Submission

All facilities can use this function to upload documents other than those specified in the preceding sections.

1. Select **Other Data Submission** and click **NEXT**.

The screenshot shows the 'Facility Data Submission' page. At the top, it says 'Select the Data Submission you wish to submit'. Below this, there is a list of submission types with radio buttons. The 'Other Data Submission' option is selected and highlighted with a red box. At the bottom right, there is a yellow 'NEXT' button, also highlighted with a red box. A '< Back' link is visible at the bottom left.

Facility Data Submission

Select the Data Submission you wish to submit

- ☐ Red Teaming Report and Facility Physical Security Report
- ☐ Half-Yearly Toxin Report
- ☐ Self-Inspection Report
- ☐ Lentivirus Report
- ☐ Poliovirus Inventory Reporting (Registered Facility)
- ☐ Poliovirus Inventory Reporting (Certified or Biomanufacturing Facility)
- ☒ Other Data Submission

< Back

NEXT

2. The system will redirect to the **Company Information** page. Verify that the information displayed is correct. Click **START SUBMISSION** to proceed.

The screenshot shows the 'Facility Data Submission' page, specifically the 'Company Information' section. The title 'Facility Data Submission' is at the top. Below it, there is a section titled 'Other Data Submission'. Under this, the 'Company Information' section is highlighted with a red box. It contains a table with the following information: UEN Number: 423416813Z, Company Name: John, Block: 10, Street Name: Pasir Panjang Road, Floor and Unit No.: 10 - 01, and Postal Code: 117438. Below the table, there is a 'Before You Begin' section with a bullet point stating: 'This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later'. At the bottom right, there is a yellow 'START SUBMISSION' button, highlighted with a red box. A '< Back' link is visible at the bottom left.

Facility Data Submission

• Other Data Submission

Company Information

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

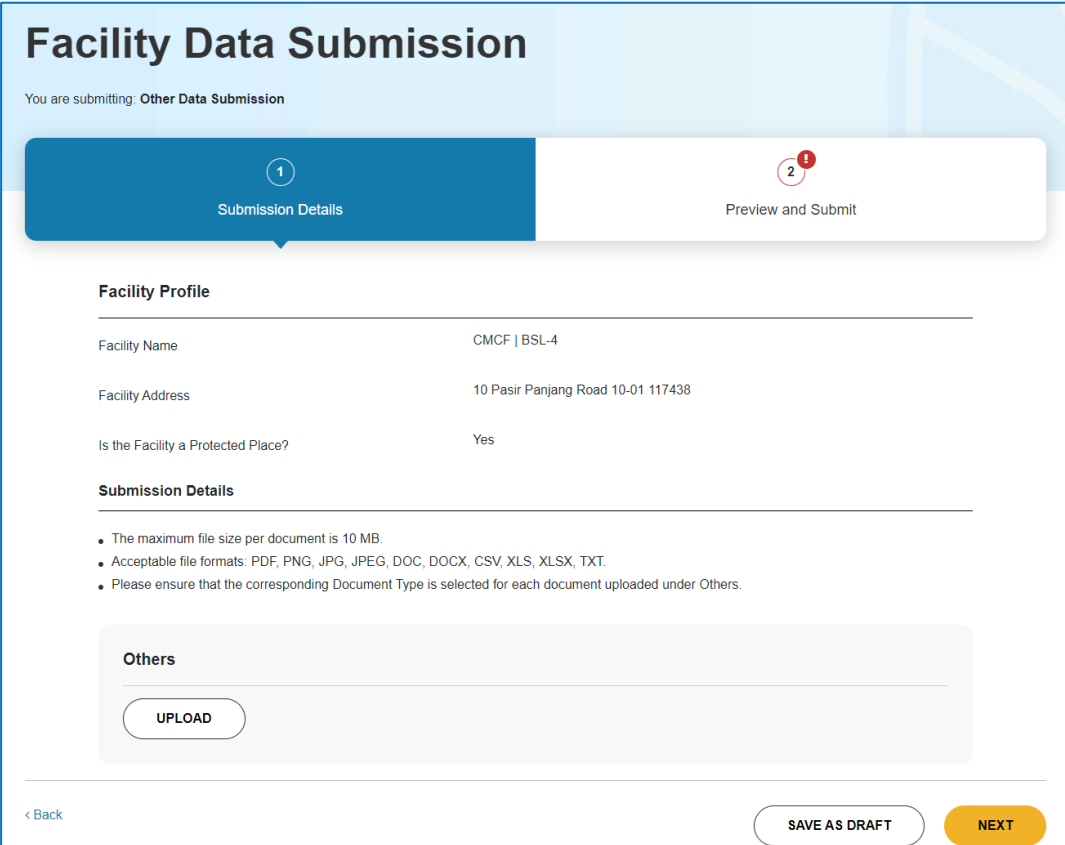
Before You Begin

- This form will take approximately 10 mins to complete. You may save your progress at any time and resume your application later

< Back

START SUBMISSION

3. The system will redirect to the **Submission Details** page. Click **SAVE AS DRAFT** at any point to save progress.



The screenshot shows the 'Facility Data Submission' page. At the top, it says 'You are submitting: Other Data Submission'. Below this is a progress bar with two steps: 'Submission Details' (step 1, active) and 'Preview and Submit' (step 2, with a red notification bubble). The 'Facility Profile' section contains three fields: 'Facility Name' (CMCF | BSL-4), 'Facility Address' (10 Pasir Panjang Road 10-01 117438), and 'Is the Facility a Protected Place?' (Yes). The 'Submission Details' section lists three bullet points: 'The maximum file size per document is 10 MB.', 'Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.', and 'Please ensure that the corresponding Document Type is selected for each document uploaded under Others.' Below this is an 'Others' section with an 'UPLOAD' button. At the bottom, there is a '< Back' link, a 'SAVE AS DRAFT' button, and a 'NEXT' button.

Facility Data Submission

You are submitting: Other Data Submission

1
Submission Details

2
Preview and Submit

Facility Profile

Facility Name	CMCF BSL-4
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the Facility a Protected Place?	Yes

Submission Details

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Others

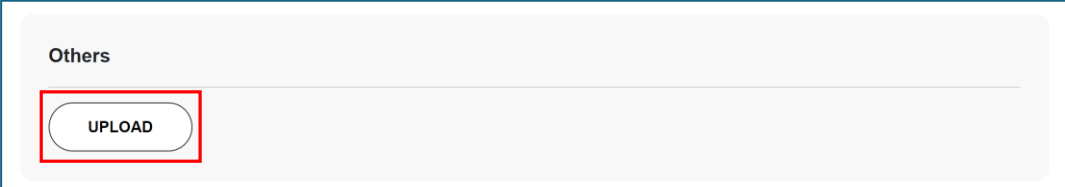
UPLOAD

[< Back](#)

SAVE AS DRAFT

NEXT

4. Click **Upload** to select and upload the document.



This is a close-up of the 'Others' section from the previous screenshot. It shows a light gray box with the title 'Others' and a single button labeled 'UPLOAD'. The 'UPLOAD' button is highlighted with a red rectangular border.

Others

UPLOAD

5. Click **NEXT**. Click **SAVE AS DRAFT** to save progress.



This is a close-up of the bottom navigation bar from the previous screenshot. It shows a '< Back' link, a 'SAVE AS DRAFT' button, and a 'NEXT' button. Both the 'SAVE AS DRAFT' and 'NEXT' buttons are highlighted with red rectangular borders.

[< Back](#)

SAVE AS DRAFT

NEXT

6. The system will redirect to the **Preview and Submit** page. Click **Submission Details** to expand the section and verify that the correct documents were uploaded. Click **Edit** to return to the Submission Details section to make changes, if applicable.

The screenshot shows the 'Facility Data Submission' page. At the top, it says 'You are submitting: Other Data Submission'. Below this are two tabs: 'Submission Details' (marked with a green check and a '1') and 'Preview and Submit' (marked with a '2'). A 'Print' icon is in the top right. The 'Submission Details' section is expanded, showing a 'Facility Profile' table with the following data:

Facility Name	CMCF BSL-4
Facility Address	10 Pasir Panjang Road 10-01 117438
Is the facility a Protected Place?	Yes

Below the table is a 'Submission Details' section. At the bottom of the expanded section is a checkbox and the text: 'I, hereby declare that all the information I have provided in this submission is true and accurate.' At the bottom of the page are a '< Back' link, a 'SAVE AS DRAFT' button, and a 'SUBMIT' button. The 'Submission Details' tab and the 'Edit' link in the top right of the expanded section are highlighted with red boxes.

7. **Mark** the checkbox for the **declaration**.

This is a close-up of the declaration section. It shows a checkbox (highlighted with a red box) and the text: 'I, hereby declare that all the information I have provided in this submission is true and accurate.'

8. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to complete the submission.

This is a close-up of the bottom of the page. It shows a '< Back' link, a 'SAVE AS DRAFT' button (highlighted with a red box), and a 'SUBMIT' button (highlighted with a red box).

9. Upon successful submission, an **Acknowledgement** message will be displayed. A **Submission Number** is generated to track the submission. Click **HOME** to return to the **Dashboard**.

Facility Data Submission

Your submission is successful.

Facility: Other Data Submission

Submission Number	Date & Time
N240508MCF003	08/05/2024 10:45:47

PRINT

HOME

10. From the **Dashboard**, click the **Data Submissions** tab. Verify that the submission status is **Pending MOH**.

Dashboard eServices John

New Messages 773

Application Drafts 2

Active Facilities 23

Active Approvals 74

Last Login: 07/05/2024 17:26 | Last Activity: Lentivirus Report, On 07/05/2024

Inbox (773)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.

Facility name

Submission Type

Date Submitted From:

Application Sub-Type

Application Status

All

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 55 items

10

<<

<

1

2

3

>

>>

Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions
N240508MCF003	CMCF BSL-4	Other Data Submission	Facility Data Submission	Pending MOH	08/05/2024 10:45:47	Select