COVER LETTER

Application for Prior Informed Consent   
for collection and/or acquisition of biological / genetic resources for research purpose and related activities

Please note that you will need to obtain a Prior Informed Consent to enter Greenland in order to take samples. Additionally, depending on the type of research you are planning to do, you may need to obtain additional permits.

Rulings

The Greenland Parliament Act no. 3 of 3 June 2016 on the use of genetic resources and related activities, require that in order to get **access** to genetic resources in Greenland a Prior Informed Consent should be applied.

When entering commercial research or transfer of the genetic resource etc. a Mutually Agreed Terms should be negotiated.

The Greenlandic legislation is based on the principles in the Nagoya Protocol.

Application

Please send the filled-out application and the signed statement of truth by e-mail to: [ISIIN@nanoq.gl](mailto:ISIIN@nanoq.gl)

If the application is authorized, the Prior Informed Consent and the terms and conditions of the Prior Informed Consent will be sent to the applicant**.**

**No survey or collection is allowed before the Prior Informed Consent has been issued**. Any branch of this could initiate sanctions according to section 26 in The Act on Genetic Resources.

APPLICATION FORM

Application form for Prior Informed Consent for collection and / or acquisition of genetic resources for research purpose

*Please read the cover letter before filling in the application form.*

*Fill in all fields in the application form as detailed as possible.*

# Senior researcher / responsible applicant

|  |  |
| --- | --- |
| Name of senior researcher: |  |
| Country of citizenship: |  |
| Institution / enterprise / organization: |  |
| Postal address work: |  |
| Email address: |  |
| Telephone number: |  |

# Researchers contributing to the project

*If there is more than three co-applicants or participants in the sampling, please add them by copy-pasting this table.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Co-applicant 1 | Co-applicant 2 | Co-applicant 3 |
| Name of co-applicant: |  |  |  |
| Country of citizenship: |  |  |  |
| Institutes / enterprises / organizations: |  |  |  |
| Postal address work: |  |  |  |
| Email address: |  |  |  |
| Telephone number: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Has the senior researcher or an associated institute/ enterprise/ organization applied for a Prior Informed Consent / survey license before? | Yes | No |  |
|  |  |
| Is this an application for extension of a current Prior Informed Consent / survey license? | Yes | No |
|  |  |
| If yes, state the institution and license number of the Prior Informed Consent / survey license: | | | |
|  | | | |

# Previous Prior Informed Consent (Survey License)

# Nature of application

|  |  |  |  |
| --- | --- | --- | --- |
| Are the resources in question collected by the applicant and co-applicants or are they acquired by third party? | Collected genetic resources *(specify in section 6)* |  |  |
| Acquired genetic resources *(specify in section 7)* |  |
| State when publications or access to the results of the survey are expected. | |  |

# Commercial / non-commercial interest

*For commercial research Mutually Agreed Terms must be negotiated*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this an application for commercial or non-commercial purpose? | Commercial |  | |  |
| Non-commercial |  | |
| Does the applicant intend to commercialize the results of this Prior Informed Consent / survey or previously obtained licenses? | | Yes | No |
|  |  |
| Is the applicant formally connected to enterprises that can or intent to exploit the collected and/or acquired genetic resources commercially? | | Yes | No |
|  |  |
| If yes, state the name of the organization along with contact information: | | | | |
|  | | | | |

# Profile of the project

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of the survey/ project |  | | | | |
| When do you intend to execute the field study in Greenland?  Please write the exact days | | |  | | |
| Time scale of the overall survey (*This must cover the entire time research project, using the collected resources. If the survey exceeds the given timeframe, please apply for a license extension.)* | | |  | | |
| What kind of resources will be collected?  Please specify in section acquisition / collection below) | | Animals (species, breed, gender, age/size, numbers) | |  |  |
| genetic material (plants etc.) | |  |
| Ice / water | |  |
| Briefly, specify the items intended for collection and their species. | | | | | |
|  | | | | | |
| If the project includes handling live animals, please specify your qualifications for handling live animals. If the project handles live animals (fish, birds, mammals or insects) please include and specify the method by which you collect, handle, take samples (blood, saliva, faeces etc.) from and euthanize the animals with. If any pharmaceuticals are to be used, please specify (product name, concentration, dose etc.). | | | | | |
|  | | | | | |
| Summary / description of the survey | | | | | |
| Objective of study: | | | | | |
| Method for collection: | | | | | |
| Collected items, purpose and amounts: | | | | | |
| Other: | | | | | |

# Acquisitions

*Only for applicants who will acquire commercial genetic resources from an already granted license*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Survey license no. | Seller, institution and researcher | Resource | Intentions and purpose of the acquisition | Additional comments on the commercial acquisition |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Logistic

*This section does not apply for applicants who solely acquire resources according to section 7.*

*If you plan to sample in more than 4 locations, please copy and paste the table below, and fill out the additional table(s).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Location 1** | **Location 2** | **Location 3** | **Location 4** |
| Geographical location of the sampling |  |  |  |  |
| Coordinates  (Include **minimum 3 coordinates** pr location, to show a triangular area on a map) | N:  W: | N:  W: | N:  W: | N:  W: |
| N:  W: | N:  W: | N:  W: | N:  W: |
| N:  W: | N:  W: | N:  W: | N:  W: |
| Environment |  |  |  |  |
| Camping  (if yes, elaborate) |  |  |  |  |
| Transportation to location |  |  |  |  |
| Transportation on location |  |  |  |  |
| Briefly describe activities for this location |  |  |  |  |

## Maps

*Insert one or more detailed map(s) of the sampling area(s) with the informed coordinates clearly marked.*

# Confidentially and signature

|  |  |  |  |
| --- | --- | --- | --- |
| Does the applicant wish for the Government of Greenland to keep information about the survey confidential? | Yes | No |  |
|  |  |

|  |  |
| --- | --- |
| **Statement of truth concerning the application for a Prior Informed Consent** | |
| A statement of truth stating that the applicant has truthfully filled in this application for Prior Informed Consent for genetic resources. | |
| The applicant hereby declares to have truthfully filled in the application form for a Prior Informed Consent for genetic resources. | |
| Date: |  |
| Signature of senior researcher: |  |