

FOR COMPLIANCE OFFICE USE ONLY:

IBC #:

Date Received:

[ ]  Revision

 **IBC PROTOCOL ANNUAL UPDATE**

 Institutional Biosafety Committee (IBC)

**INSTRUCTIONS**

**Complete Form**

Form must be typed and complete. Only typed annual updates will be processed for review.

**Submit Form**

Review of annual updates will not begin until all required documentation is received.

Submit the signed annual updateto **research@pvamu.edu**

**For Deliveries – On Campus:** Office of Research Compliance, Harrington Science Building, Room 206

 **Mail:** Donna Pulkrabek, P.O. Box 519, MS 2800, Prairie View, Texas 77446

Compliance notification:

**Donna Pulkrabek**

**Director of Research Compliance**

**Office of Research & Graduate Studies**

**936.261.1588**

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| --- | --- | --- | --- | --- |
| Date: |       |  | Approved IBC Protocol #: |       |
|  |  |  |  |  |
| Protocol Title: |       |

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| **INVESTIGATOR INFORMATION** |
| *Principal Investigator Information:* |  |  |
| Name: |       |
|  |  |
| Address: |       |
| *Please include Mail Stop & Office Number if address is on campus* |  |
|  |  |
| Phone Number *(Office):* |       |
|  |  |
| Phone Number *(Laboratory):* |       |
|  |  |
| Phone Number *(Emergency):* |       |
|  |  |
| Fax Number: |       |
|  |  |
| Email Address: |        |
|  |  |
| Department: |       |
|  |  |
| College: |       |
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| **PROTOCOL INFORMATION** |
| *For answers of “Yes” below, complete an Amendment Form and submit the Amendment Form and Annual Renewal together* |
| 1. [ ]  Yes [ ]  No
 | Have there been any changes to the procedures, agents, or locations associated with this protocol?*If yes, please explain:*      |
| 1. [ ]  Yes [ ]  No
 | Are there any changes in your laboratory personnel?*If yes, please explain:*      |
| **PROBLEMS/ ADVERSE EVENTS *(THIS QUESTION MUST BE ANSWERED)*** |
| Please describe any unanticipatedproblems/adverse events that mayhave occurred in the laboratoryduring the study.Explain how the problem/adverseevent was resolved.Indicate “NONE” in the spaceprovided if there were noproblems/adverse events. |       |
|  |  |
| **PRINCIPAL INVESTIGATOR RECERTIFICATION** |
| *The following signatures certify that the Principal Investigator will continue to conduct the study in accordance with the**policy and procedures of the Institutional Biosafety Committee (IBC), the Biosafety in Biomedical and Microbiological**Laboratories (BMBL) manual, Section IV-B-7 of the NIH Guidelines, and the PVAMU Environmental Health & Safety guidelines.* |
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| Principal Investigator *(Typed):* |       |
|  |
| Principal Investigator *(Signature):* |       |
|  |  |
| Date: |       |
|  |  |