

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 #: |  |
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| Protocol Title: | |  | | | |

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| **INVESTIGATOR INFORMATION** | | | | | | | | | | |
| *Principal Investigator Information:* | | | | | | | |  |  | |
| Name: |  | | | | | | | | | |
|  | | |  | | | | | | | |
| Address: |  | | | | | | | | | |
| *Please include Mail Stop & Office Number if address is on campus* | | | | | | | | | |  |
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| Phone Number *(Office):* | | | |  | | | | | | |
|  | | | | | |  | | | | |
| Phone Number *(Laboratory):* | | | | | |  | | | | |
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| Phone Number *(Emergency):* | | | | | |  | | | | |
|  | | | | | |  | | | | |
| Fax Number: | | | | | |  | | | | |
|  | | | | | |  | | | | |
| Email Address: | |  | | | | | | | | |
|  | | | | | |  | | | | |
| Department: | |  | | | | | | | | |
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| 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 unanticipated  problems/adverse events that may  have occurred in the laboratory  during the study.  Explain how the problem/adverse  event was resolved.  Indicate “NONE” in the space  provided if there were no  problems/adverse events. | | | | |  | | | | | |
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| **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):* | | | | | | |  | | | |
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| Date: | | |  | | | | | | | |
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