

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.

**ORIGINAL SIGNATURES ARE REQUIRED**

**Submit Form**

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

Submit the annual update with **original signatures:**

**For Deliveries – On Campus:** Crysta Mendes, Wilhemina Delco Building, Room120

**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**

Scheduling and compliance notification: Ms. Crysta Mendes, v: 936.261.1553

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

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| **INVESTIGATOR INFORMATION** | | | | | | | | | | | | | | |
| *Principal Investigator Information:* | | | | | | | | | | |  | |  | |
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| *Co-Principal Investigator Information:* | | | | | | | | | | | |  | | |
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| **PROTOCOL STATUS** | | | | | | | | | | | | | | |
| Please indicate the status of the approved IBC Protocol by checking the appropriate box below for either an annual renewal or protocol termination | | | | | | | | | | | | | | |
| Annual Renewal:  *(Complete the Annual Renewal Form if the study falls into any of these categories)* | | | | | | | | | | | | | | |
| Active- project ongoing.  Currently inactive- project was initiated and is presently inactive  Inactive- project was never initiated  Inactive- project pending sponsor award | | | | | | | | | | | | | | |
| Permit Termination:  *(Mark the appropriate box if the study falls into any of the categories below and return the form to the Research Compliance Office. Completion of the entire Annual Renewal Form is not necessary.)* | | | | | | | | | | | | | | |
| Inactive- project never initiated  Currently inactive- project initiated but project has not/ will not be completed.  Completed- no further research will be done. Please submit Completion Report in place of this Annual Renewal. | | | | | | | | | | | | | | |
| **PROTOCOL INFORMATION** | | | | | | | | | | | | | | |
| *For answers of “Yes” below, complete an Amendment Form and submit the Amendment Form and Annual Renewal together* | | | | | | | | | | | | | | |
| 1. Yes  No | | | | | | Have the Laboratory location(s) (building(s) and/or room number(s) changed since the approval of the IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Have your Funding Sources changed since the approval of your IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Have your Research Objectives changed since the approval of your IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Does the research involve the generation of more than 10 liters of culture at one time?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Have the agent(s)/organism(s) changed since the approval of your IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Has your laboratory utilization Recombinant DNA changed since the approval of your IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Has your utilization of live animals with the research of recombinant DNA and/or biohazardous materials changed since the approval of your IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Has your utilization of human subjects and/or materials changed since the approval of your IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Has your utilization of biological toxins, pathogens or recombinant DNA in plants, in your research changed since the approval of your IBC protocol?  *If yes, please explain:* | | | | | | | | |
| 1. Yes  No | | | | | | Has your utilization of viral vectors in your research changed since the approval of your IBC 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. | | | | | |  | | | | | | | | |
| **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.* | | | | | | | | | | | | | | |
| **PRINCIPAL INVESTIGATOR RECERTIFICATION** | | | | | | | | | | | | | | |
| Principal Investigator *(Typed):* | | | | | | | |  | | | | | | |
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| Principal Investigator *(Signature):* | | | | | | | |  | | | | | | |
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| **CO- PRINCIPAL INVESTIGATOR RECERTIFICATION** | | | | | | | | | | | | | | |
| Co- Principal Investigator *(Typed):* | | | | | | | |  | | | | | | |
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| Co- Principal Investigator *(Signature):* | | | | | | | | | |  | | | | |
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| **DEAN/ DIRECTOR RECERTIFICATION:** | | | | | | | | | | | | | | |
| Dean/ Director *(Typed):* | | | | |  | | | | | | | | | |
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| Dean/ Director *(Signature):* | | | | |  | | | | | | | | | |
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