

## ANNUAL IBC RENEWAL FORM

Please submit the completed form to the ORRC via the online submission portal at:

[www.howard.edu/orrc](http://www.howard.edu/orrc)

<b>IBC Protocol #:</b>			
<b>Project Title:</b>			
<b>PI:</b>		<b>Phone:</b>	<b>Email:</b>
<b>Submission Type:</b>	<input type="checkbox"/> Infectious Agents and Biological Toxins <input type="checkbox"/> Recombinant or Synthetic Nucleic Acid Molecules <input type="checkbox"/> Unfixed Tissues, Body Fluids or Cell Lines Derived from Human or Non-human Primates <input type="checkbox"/> Animals, if in conjunction with the use of one of the above agents		

**1. What is the study status?**

- Study in Progress  
 Completed or Discontinued (*IBC may close this study*)

**2. Have there been any changes to the approved protocol or safety procedures that have not been approved by the IBC?**

- No  
 **Yes** Briefly describe changes: \_\_\_\_\_

**3. Have there been any accidents or incidents involving potentially hazardous biological agents that have not been reported to the IBC?**

- No  
 **Yes** Submit "Incident Report Form"

**4a. Please identify the containment levels and locations you are using for these experiments:**

**Laboratory:** *Building and room:* \_\_\_\_\_  BSL-1  BSL-2

**Animal Housing:** *Building and room:* \_\_\_\_\_  ABSL-1  ABSL-2  
 No animals

**4b. Has the location of the laboratory changed since the previous approval period?**

- No  
 **Yes-** Please clarify:

5. Do these experiments involve the use of a **biosafety cabinet**?

No

**Yes** – Provide the most recent **date of certification**: \_\_\_\_\_

6. Please list the current laboratory personnel and their safety training.

Name	Role in Project	Certificate No.	Safety Training Expiration Date
	PI		

ASSURANCE OF PI

By attaching my name, I agree to the following

- 1) I have read and agree to comply with the requirement specified by the NIH Guideline involving recombinant or synthetic nucleic acid molecules.
- 2) I have read and am familiar with the standard and special microbiological practices, containment equipment, personal protective equipment, and laboratory facilities recommended for the Biosafety level indicated by CDC/NIH applicable to this project.
- 3) I accept the responsibility for training and safety of all laboratory workers involved in the project. All research personnel are familiar with and understand the relevant biosafety practice, protective equipment and techniques, potential biohazards, and emergency procedures.
- 4) I verify that all items described above are accurate.

PI	Printed name	Signature	Date
Division Chair	Printed name	Signature	Date