

**West Texas A&M University Institutional
Biosafety Committee**

Annual IBC Protocol Renewal/Closeout Form

This form is to be completed on an annual basis during the three (3)-year period of your IBC protocol. If there are any modifications to your IBC protocol at the time of filing this form, you must also submit the modifications on the IBC Amendment Form.

Date: Approved IBC#: Approved BSL: Approved RG:

Indicate your protocol status by marking the status of the approved IBC protocol:

Annual Protocol Renewal (If your teaching or research falls into any of the following categories, continue with completing the Annual Protocol Renewal Form sections I – IV).

Active Research – Research project ongoing

Active Teaching – Teaching project ongoing

Currently Inactive Research – Research project was initiated but is presently inactive

Currently Inactive Teaching – Teaching project was initiated but is presently inactive (inactive does not refer to down-time between semesters)

Research/Teaching Inactive – Research/Teaching project was never initiated but anticipated start date is

Research Inactive – Research project pending sponsor award

Protocol Termination (If your teaching or research falls into any of the following categories, mark the appropriate box, and submit the form to the IBC. Completion of the remainder of the Annual Protocol Renewal Form is not necessary).

Research/Teaching Inactive – Research project never initiated and has no expected start date.

Research Currently Inactive – Research/Teaching project initiated, but has not/will not be completed.

Research/Teaching Completed – No further work on the research project will be done.

Section I
Principal Investigator / Course Instructor / Course Coordinator Information

Last Name:

First Name:

Department:

College:

Campus Mail Stop:

Office Location Building:

Room Number:

Office Phone:

After-Hours/Emergency Phone:

Laboratory Phone (if applicable):

Email:

Section II Protocol Information

1. Have the laboratory or classroom locations (building(s) and/or room number(s)) changed since the approval of your original IBC protocol registration?

No Yes (If any of this information has changed since the approval of my IBC protocol registration, I have indicated this on the IBC Amendment Form.)

2. Have the funding sources (internal or external grants, excludes Departmental) changed since the approval of your original IBC protocol registration?

No Yes (I have indicated the additional funding sources on the IBC Amendment Form, and have included a copy of the grant with this submission.)

3. Have your research or teaching objectives changed since the approval of your original IBC Permit registration?

No Yes (I have indicated the modification of my research objectives on the IBC Amendment Form.)

4. Have the agent(s)/organism(s) changed since the approval of your original IBC Permit registration?

No Yes (I have indicated the modification of any agent(s)/organism(s) on the IBC Amendment Form.)

5. Does your laboratory or classroom use recombinant DNA/RNA?

No Yes (If this information has changed since the approval of my IBC protocol registration, I have indicated this on the IBC Amendment Form.)

6. Do you use live animals with the teaching or research involving recombinant DNA/RNA and/or biohazardous materials?

No Yes (If this information has changed since the approval of my IBC protocol registration, I have indicated this on the IBC Amendment Form.)

7. Do you use human subjects and/or materials in your research or teaching?

No Yes (If this information has changed since the approval of my IBC protocol registration, I have indicated this on the IBC Amendment Form.)

8. Do you use biological toxins, pathogens, or recombinant DNA in plants in your teaching or research?

No Yes (If this information has changed since the approval of my IBC protocol registration, I have indicated this on the IBC Amendment Form.)

9. Do you use viral vectors in your research?

No Yes (If this information has changed since the approval of my IBC protocol registration, I have indicated this on the IBC Amendment Form.)

10. Have there been any changes in your laboratory or classroom personnel (additions, deletions, or modifications) since the approval of your original IBC protocol registration?

No Yes (If this information has changed since the approval of my IBC protocol registration, I have indicated this on the IBC Amendment Form.)

**Section III
Problems/Adverse Events**

(This question **MUST** be answered)

In the space provided, please describe any unforeseen problems or adverse events that occurred or may have occurred in your laboratory/classroom during your research/teaching. Explain how the problem(s)/adverse event(s) were resolved. If there were no problems or adverse events, indicate "NONE" in the space provided.

**Section IV
Recertification of the PI/CI/CC**

The following signatures certifies that the Principal Investigator, Course Instructor, or Course Coordinator will continue to conduct their teaching or research in accordance with the policies and procedures of the WTAMU Institutional Biosafety Committee (IBC), the *Biosafety in Biomedical and Microbiological Laboratories (BMBL)* manual, Section IV B-7 of the *NIH Guidelines*, and the WTAMU Environmental Health and Safety guidelines.

(PI/CI/CC Signature)

(Date)

(Printed Name)

(Department Head Signature)

(Date)

(Printed Name)