# ANNUAL PERMIT RENEWAL

# Institutional Biosafety Committee

|  |  |  |
| --- | --- | --- |
| Date: Select date | Approved IBC# Enter IBC # | BSL Choose level |

**PROTOCOL STATUS**: Please indicate by marking the status of the approved IBC Permit for renewal.

**Annual Permit Renewal**: *(If your lab research falls into any of these categories, please complete the entire Annual Permit Renewal Form.*

|  |
| --- |
| A. Active: project ongoing. |
| B. Currently inactive: project was initiated but is presently inactive. |
| C. Inactive project: was never initiated but anticipated start date is Select date |
| D. Inactive: project pending sponsor award. |

# SECTION 1: PRINCIPAL INVESTIGATOR INFORMATION

|  |  |  |
| --- | --- | --- |
| Name  Enter PI’s name | Department  Enter department | College  Enter college |
| Email:  Enter University email | Office (Bldg. & room #)  Enter office | Lab (Bldg. & room #)  Enter lab |
| Office phone  Enter office phone # | Lab phone  Enter lab phone # |  |

**SECTION 2: PROTOCOL INFORMATION**

Do you use Gene Drive Modified Organisms (GDMO)in research/teaching?

Yes  No

Have there been any changes to your protocol since your last annual renewal?

Yes  No

If yes, which of the items below have changed?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | If previously approved, have the changes to your rDNA use been submitted to IBC? |
|  |  | For previously approved live animal use, have all changes with rDNA/biohazardous materials/toxins been submitted to IBC? |
|  |  | For previously approved plants, has the use of additional covered biological toxins, Pathogens, rDNA been submitted to IBC? |
|  |  | Have you added viral vectors in your research/teaching? |
|  |  | Has/have the laboratory location(s) (building(s) and/or room number(s)) changed since the approval of your IBC registration? |
|  |  | Do you have additional funding (external or gift) source(s) that support(s) this study (including change in funding sources)? |
|  |  | Are all your laboratory personnel been approved/included in your IBC registration that via an amendment? |
| **☐** | **☐** | Have you added any additional agent(s)/ organism(s)? |
| **☐** | **☐** | Has the storage location of your agent(s)/organism(s) changed? |
| **☐** | **☐** | Do you have any new equipment that changes a procedure/risk? |

**SECTION 3: ADVERSE EVENT** (THIS QUESTION MUST BE ANSWERED)

Have there been any unanticipated events reported to the IBC?

Yes  No

If yes, what was the outcome?

|  |
| --- |
| Describe outcome of the adverse event here |

# SECTION 4: RECERTIFICATION BY THE PRINCIPAL INVESTIGATOR

*My signature certifies that as the Principal Investigator, I will continue to conduct and report the research/teaching covered under the approved IBC protocol, with all applicable policies, rules, SOP’s, guidelines, and procedures of the Institutional Biosafety Committee (IBC).*

|  |  |  |
| --- | --- | --- |
|  |  | Select date |
| Principal Investigator (Signature) |  | Date |
| Enter PI’s name |  |  |
| Principal Investigator (Printed Name) |  |  |
|  |  | Select date |
| IBC Chair (Signature) |  | Date |
| IBC Chair |  |  |
| IBC Chair (Printed Name) |  |  |

