



IBC Permit Closure Form

Principal Investigator/Instructor Information

PI Last Name: Last name PI First Name: First name

PI Department: Natural Sciences

Title of the Project: Project title

Permit #: Permit #

Table 1. Agent Disposition Plan

| Agent # | Agent | Will samples be disposed? | | Work continuing under new protocol? |
|---------|-------|---|---|---|
| # | Agent | <input type="checkbox"/> Yes [#] | <input type="checkbox"/> No ^{##} | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

To add another row: Click on a row, then click the blue plus sign on the right.

If "Yes", complete Table 2.

If "No", complete Table 3.

*If Yes provide new permit # in Table 5.

Table 2. Methods to Dispose of Materials

| Agent | Material Type | Method |
|-------|---------------|---|
| Agent | Liquids | <input type="checkbox"/> Bleach (10% for 30 minutes) <input type="checkbox"/> Ethanol (70% for 30 minutes) <input type="checkbox"/> Autoclave (121°C (250°F) for 1 hour per gallon) <input type="checkbox"/> Other (specify method(s)) Describe other methods for disposal |
| | Solids | <input type="checkbox"/> Autoclave (121°C (250°F) for 1 hour) <input type="checkbox"/> Other (specify method(s)) Describe other methods for disposal |

To add another row: Click on a row, then click the blue plus sign on the right.

Table 3. Transfer of Materials

| Agent # | Agent | Transfer to IBC Holding Protocol* | Donate to A&M-SA colleague **Requires approved IBC protocol** (Signature required below) | Donate to external colleague*** |
|---------|-------|-----------------------------------|---|---------------------------------|
| # | Agent | <input type="checkbox"/> | Recipient/IBC Permit # | Recipient/Institution |

To add another row: Click on a row, then click the blue plus sign on the right.

* If transferring to an IBC holding protocol, complete Table 4. Provide justification for transferring the samples to a holding protocol. Please



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keep in mind the IBC can only hold samples for 90 calendar days. This may be extended at the discretion of the IBC Chair, BSO, DRC or IO. Include a plan to transfer the samples out of the holding protocol. Please note that no experiments may be performed nor can culture can be maintained under a holding protocol. No work can be undertaken using the materials in the holding protocol until IBC approval has been obtained.

**If donating to an A&M-SA colleague, list the recipient's name and their approved IBC permit #.

*** If donating to an external colleague, a Materials Transfer Agreement (MTA) is also required. Please contact the IBC (ibc@tamusa.edu) to obtain the MTA form.

Table 4. Holding protocol justification and Plan

| Agent | Justification and Plan |
|-------|------------------------|
| Agent | Justification and plan |

To add another row: Click on a row, then click the blue plus sign on the right.

Table 5. Results

| |
|--|
| List what has resulted from this research (publications, presentations, thesis etc.). Please indicate if this was renewed into a new permit. |
| Results |

| | | |
|-----------------|------|-------------------|
| _____ | Date | PI's Name |
| Signature of PI | Date | PI's name (typed) |

| | | |
|---|------|---------------------------------|
| _____ | Date | A&M-SA Recipient Name |
| Signature of A&M-SA Recipient (as referenced in Table 3) | Date | A&M-SA Recipient's name (typed) |

| | | |
|---|------|-------------------------|
| _____ | Date | PI's Chair's Name |
| Signature of PI's Chair **Only required if not renewed into new protocol | Date | PI Chair's Name (typed) |

Approved by;

| | |
|---|-------------|
| _____ | Select date |
| Sign above, enter name here ,IBC Chair or designee | Date |