

ANNUAL PROTOCOL RENEWAL

Institutional Biosafety Committee (IBC)  
Annual Protocol Renewal for Research with infectious and/or potentially  
Hazardous Biological Agents

Application must be typed.

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_  
Office/Campus Location: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Full original HBA protocol registration associated with this annual renewal:

Date of approval: \_\_\_\_\_  
Title: \_\_\_\_\_  
Registration number: \_\_\_\_\_

If funded, please provide the following: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Agency: \_\_\_\_\_ Grant #: \_\_\_\_\_

Significant changes to a protocol after approval requires further review by the IBC. Any changes defined as significant in the following areas will warrant submission of a new complete application and a full-review by the IBC committee. For every affirmative question attach a document that explains the change(s) in detail.

TABLE 1: Have any changes taken place in:	Yes	No
The objectives, purpose or description of the study?	<input type="checkbox"/>	<input type="checkbox"/>
Quantity, titers or volume of biological agents handled?	<input type="checkbox"/>	<input type="checkbox"/>
The type of biological agent used? Include changes of biological agents employed or added to the study	<input type="checkbox"/>	<input type="checkbox"/>
Safety protocols (methods of waste disposal/safety measures taken)?	<input type="checkbox"/>	<input type="checkbox"/>
BSL containment?	<input type="checkbox"/>	<input type="checkbox"/>
Locations where the study is conducted and/or modifications to existing infrastructures?	<input type="checkbox"/>	<input type="checkbox"/>
Propagation methods of biological agents?	<input type="checkbox"/>	<input type="checkbox"/>
Changes to Standard Operating Procedures pertinent to the original protocol registration	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion of select agents to the study?	<input type="checkbox"/>	<input type="checkbox"/>
Transfer of biological agents external to UTRGV?	<input type="checkbox"/>	<input type="checkbox"/>

INSTITUTIONAL BIOSAFETY COMMITTEE USE ONLY

HBA REGISTRATION #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
BY (IBC CONTACT): \_\_\_\_\_

**TABLE 2: Report changes of at-risk personnel**

**Personnel carried over from the original protocol submission (including PI):**

Name	UTRGV Emp. ID	Title	Type of training / Date:	Medical Surveillance / Vaccinations

**NEW personnel working with hazardous agents:**

Name	UTRGV Emp. ID	Title	Type of training / Date:	Medical Surveillance / Vaccinations

**Personnel who left the protocol:**

Name	UTRGV Emp. ID	Title

**Principal Investigator Certification:**

I certify that the information I have provided is complete and correct, to the best of my knowledge. I am familiar with and agree to abide by the provisions of the current NIH/CDC Guidelines, UTRGV Handbooks on biological safety, and other specific granting agency instructions pertaining to the proposed project, the Principal Investigator's responsibilities and administrative procedures. I will submit either a HBA annual protocol renewal thirty days prior to the date of expiration of this approved research protocol or a project completion/termination memorandum.

\_\_\_\_\_  
Principal Investigator (Signature)

\_\_\_\_\_  
Date

**INSTITUTIONAL BIOSAFETY COMMITTEE USE ONLY**

DATE REVIEWED: \_\_\_\_\_ APPROVAL PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

MODIFICATIONS NOTED: \_\_\_\_\_

IBC CHAIRPERSON: \_\_\_\_\_ DATE: \_\_\_\_\_