

ANNUAL PROTOCOL RENEWAL

Institutional Biosafety Committee (IBC)
Annual Protocol Renewal for Research with Recombinant/Synthetic Nucleic Acids

Application must be typed.

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

Full original IBC 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?		
Quantity, titers or volume of rDNA/synthetic nucleic acids handled?		
The type of rDNA or synthetic nucleic acids used? Include changes of rDNA or synthetic nucleic acids employed or added to the study		
Safety protocols (methods of waste disposal/safety measures taken)?		
BSL containment?		
Locations where the study is conducted and/or modifications to existing infrastructures?		
Propagation methods of rDNA or synthetic nucleic acids?		
Changes to Standard Operating Procedures pertinent to the original protocol registration		
Inclusion of select agents to the study?		
Transfer of rDNA or synthetic nucleic acids external to UTRGV?		

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IBC 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 IBC 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

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DATE REVIEWED: _____	APPROVAL PERIOD: FROM _____ TO _____
MODIFICATIONS NOTED: _____	
IBC CHAIRPERSON: _____	DATE: _____