

HBA/IBC MEETING MINUTES
Institutional Biosafety Committee (IBC)
UTRGV Center for Innovation and Commercialization in Weslaco & Zoom Meeting

Meeting Minutes

December 12, 2025
1:00 pm – 3:30 pm

ATTENDANCE

Voting Members Present:

	<i>IBC Position</i>	<i>Area or Department</i>
Daniele Provenzano (Zoom)	Chair, Scientist	Bio. & Chem. - Bacterial Genet.
Julie Mustard (Zoom)	Vice-Chair, Scientist	Integrative Bio. & Chem. - Neurosci.
Megan Keniry (Zoom)	Scientist	Integrative Bio. & Chem. – Mamm. Cell Bio.
Dae Joon Kim	Scientist	Medicine & Oncology
Lynne Depeault	Community Representative	Not Affiliated
HyeongJun Kim	Scientist	Phys. and Astron. Bacterial Chr. dynamics/biophys./biochem.
Robin Choudhury (Zoom)	Scientist	Bio. & Chem. - SEEMS
Subramanian	Scientist	Medicine & Oncology
Dhandayuthapani (Zoom)		
David Laughlin	Community Representative	Not Affiliated

Voting Members Absent:

(Without Representation)

	<i>IBC Position</i>	<i>Area or Department</i>
Laura Decanini	Community Representative	Not Affiliated

Ex-Officio Non-Voting Members Present:

	<i>IBC Position</i>	<i>Area or Department</i>
Amy Mutore (Zoom)	Ex-Officio, Professional Support	Office of Research Compliance
Monica Barrera	Ex-Officio, Professional Support	Office of Research Compliance
Eric Allen (Zoom)	Ex-Officio, Admin Rep	Office of Research Compliance
Javier Garcia (Zoom)	Ex-Officio, EHSRM	Ex-Officio, EHSRM
Cordelia Rasa	Ex-Officio, LAR & BSL3 Director	Ex-Officio, LAR & BSL3 Director
Matthew Moncus (Zoom)	Ex-Officio, EHSRM Director	Ex-Officio, EHSRM Director

Ex-Officio Non-Voting Members Absent:

	<i>IBC Position</i>	<i>Area or Department</i>
None.		

Total Voting Members Present: 9

Guests:

	<i>Capacity</i>
None	

QUORUM

The quorum requirement for the IBC meeting is 5 voting members present and must consist of at least 4 members from UTRGV faculty and 1 unaffiliated member. Upon quorum being assembled, the meeting was called to order by the Chair at 1:10 pm. Including the Chair, 9 voting members were in attendance at the beginning of the meeting. Dr. Megan Keniry joined the meeting at 1:25pm and Dr. Robin Choudhury joined the meeting at 1:46pm. Dr. David Laughlin was in then out of the meeting from 1:10-1:12pm, then left the meeting at 2:40pm due to technical issues, he was still present during protocol voting. Ms. Lynne Depeault stepped out of the meeting at 2:03pm and returned at 2:06 pm. Dr. Megan Keniry and Dr. Julie Mustard left the meeting at 2:59pm. Dr. Daniele Provenzano recused himself at 1:35pm during the review and voting of Dr. Ulku Karabulut’s protocol, he returned at 1:51pm. Quorum was maintained throughout the entire meeting.

A. WELCOME

The Chair welcomed the Committee.

B. STATEMENT OF CONFIDENTIALITY

The Chair reminded the Committee to hold in confidence the information revealed and/or discussed during the meeting and not disclose the information to any third parties including investigators and research personnel.

C. CONFLICTS OF INTEREST:

The Chair reminded the Committee of their responsibility to declare any conflicts of interest prior to the discussion of any study included as an agenda item. Members were reminded that conflicts of interest include financial (e.g., Member or Member’s family hold a financial interest in the research sponsor) and non-financial (e.g. Member is part of a study research team). The Members were polled for any conflicts of interest with the projects being reviewed.

No conflicts were reported.

D. REVIEW AND APPROVAL OF PREVIOUS IBC MEETING MINUTES

1. Review of meeting minutes dated **November 14, 2025**.
 - a. A motion was made by Dr. Dae Joon Kim and seconded by Dr. HyeongJun Kim to approve the minutes with corrections.
 - b. All were in favor of approval.
 - c. Total Voting = 8 Vote: For = 8, Against = 0, Abstained = 0, Recused = 0.
Dr. David Laughlin was not present during the review of the minutes and did not vote.

E. ANNUAL REVIEWS

1. IBC-24-03 (2023-003-IBC & 2023-011-HBA)

Project Title: *Hepatocellular Genetic Epidemiology of Fatty Liver Disease in Hispanics*

Sponsor: N/A

Biosafety Level: BSL-2

Principal Investigator: Satish Kumar
Type of Submission: Annual Review
Committee Action: Approved
Total Voting = 9 *Vote: For = 9, Against = 0, Abstained = 0, Recused = 0.*

Incidents:
None.

NIH Guidelines Sections:

1. II-A-3 - Use of human cells/cell lines or tissues (e.g., human blood, 293 cell lines, CSF)
2. III-E, III-F - Generation or use of cDNA/genomic libraries.
3. III-E, III-F - Cloning and vector construction in bacteria and yeasts
4. III-E, III-F - Expression of recombinant or synthetic nucleic acid molecules in cultured cells

Discussion:

There have been no changes to the procedures of the protocol. The Committee reviewed and verified that the protocol specifies all approved laboratory spaces authorized for the proposed activities. All procedures outlined in the protocol were determined to be consistent with established standard laboratory practices and compliant with institutional requirements for work in these designated spaces. PI CVs have been evaluated to verify and certify subject matter expertise.

Motion:

A motion was entered by Dr. Julie Mustard and seconded by Dr. HyeongJun Kim to grant approval of IBC-24-03 (2023-003-IBC & 2023-011-HBA) pending that the training records are up to date. The motion carried unanimously.

F. NEW IBC PROTOCOLS

1. **None.**

G. ADMINISTRATIVE BUSINESS

1. HBA vs IBC Reviews

- a. Mr. Eric Allen has been in communication with other institutions on how they manage HBA versus IBC protocols, including how they conduct their initial reviews and their annual reviews.
 - i. He noticed that most institutions separated IBC protocols from HBA protocols and had different review processes.
 1. IBC protocols always went to the full committee for review.
 2. Some institutions separated HBA protocols and reviewed them in different ways based on the expertise they had at their institution. Certain HBA protocols were sent only to the chair for review, others were sent to the BSO for review, or they would be sent to the BSO and the Chair for review.
 - ii. Mr. Eric Allen found there is a lot of variation on how HBA and IBC protocols can be reviewed and found that institutions can develop their guideline documents to document specifically how the reviews should be conducted at their specific institution.
 - iii. Mr. Eric Allen found there to be a lot of variation in the review process of annual renewal of protocols as well.
 1. Some institutions only reviewed protocols every 3 years, while others reviewed renewals every 18 months or on a yearly basis.
 2. He found that some institutions did not require a protocol review to go to the full committee if changes cited were minor, and this varied according to how a minor change was defined by a specific institution.
 - a. Depending on the type of minor change, a protocol renewal review is sent to the chair only for review, or to the BSO for review. He found studies deemed as "Exempt" to be an example of reviews that go to only the Chair or the BSO versus going to the full committee.
 - b. He also found some institutions to have administrative reviews on renewals with no changes, and a list was provided to the committee at the next meeting detailing which/how many protocols were administratively approved to keep the committee members aware of what approvals were made outside of the committee.
 3. In summary of this, Mr. Eric Allen mentioned the committee could categorize studies they deem as a high risk protocol and have them sent to the full committee, studies they deem as mid-level risk and have

them sent to the chair and/or the BSO, and studies they deem as low-level risk that can be approved by the ORC.

- b. Dr. Daniele Provenzano noted that Mr. Eric Allen's findings overlapped with most of what he has previously suggested regarding protocol annual reviews.
 - i. He mentioned that back when the institution was UT Brownsville, they had two separate committees -BCRS (which handled hazardous biological agents, lasers, and chemical safety, and SBC (which handled rDNA work). The committees merged due to review concerns and Dr. Daniele Provenzano became chair, bringing his rDNA work experience to the committee.
 - ii. The current tick@lab system is considered convenient for protocol categorization (humans, animals, rDNA, biological hazards, etc.). He feels this approach does not need a lot of change as it works well.
 - iii. He supports introducing administrative-level approvals and risk-based categorization (high, medium, low) to reduce committee workload and emphasized openness to any process that reduce the workload.
- c. Dr. Dae Joon Kim agreed with Dr. Daniele Provenzano's suggestions, but he questioned who would be making the decision on whether a protocol is low risk, medium risk, or high risk. He suggested it is better decided as a committee and designating that decision as administrative could be risky.
 - i. He also mentioned HBA protocols and IBC protocols do not need to be separated, separating them would create more protocols and thus create more work.
 - ii. Dr. Daniele Provenzano agreed with Dr. Dae Joon Kim in having the committee decide together what protocols are considered high risk, as he alone may miss details that other members could point out.
 - iii. Dr. Julie Mustard agreed and mentioned that Dr. Daniele Provenzano typically provides an initial interpretation of protocol risk (often low) before committee discussion, then the committee reviews key points and may agree or identify clarifications needed. She also agreed that separating IBC protocols from HBA protocols would create more work for the committee and noted that the combined review of rDNA and HBA protocols is important for accurate safety risk evaluation.
 - iv. Mr. Javier Garcia agreed and emphasized the importance of consistency in the decision-making across similar protocols.
- d. Mr. Eric Allen mentioned another observation which was sending protocol reviews that were reviewed by the full committee to sub-committees for a review of requested revisions. The sub-committees could be comprised of members with expertise related to the study being reviewed.
- e. Mr. Eric Allen concluded that he will work with Dr. Daniele Provenzano and the Office of Research Compliance administrative team to determine what would work best and bring the decisions to the next meeting as a recommendation then add them to the SOPs if the committee agrees.
- f. The committee conducted a vote on the following regarding administrative approvals for protocol renewals:

- i. If there has been no change to a protocol, the protocol is sent to Dr. Daniele Provenzano to verify it is ok to be administratively approved.
 - ii. If the change to the protocol involves only personnel addition or removal, the protocol can be sent to Ms. Cordelia Rasa, Mr. Javier Garcia, and Dr. Daniele Provenzano for review, then subsequently administratively approved if given clearance. If any other change is flagged, the protocol is sent to the full committee.
 - iii. If the protocol contains any other changes, it is sent to the full committee for review.
- g. A motion was entered by Dr. Subramanian Dhandayuthapani and seconded by Mr. Javier Garcia to follow the procedures listed in points i. – iii for determining administrative approvals for protocols. A list of administratively approved protocols will be provided at every meeting to keep members aware of protocols approved administratively.
 - i. All were in favor of approval.
 - ii. Total Voting = 8 Vote: For = 8, Against = 0, Abstained = 0, Recused = 0.
Dr. David Laughlin was not present during the discussion or voting due to technical issues and therefore did not vote.

2. Discussion on CITI and EHSRM Trainings

- a. Mr. Eric Allen noted there was a lot of variation on training requirements across institutions. Some institutions will require trainings be taken every three to five years, while others will use a one-time training model.
 - i. He noted an institution having a unique approach where investigators will take an annual pre-test and skip retraining if they score higher than 80%. Full training was required if the pre-test was failed. He also noted this option is currently not available with the CITI training platform.
- b. Dr. Daniele Provenzano and Mr. Eric Allen suggested taking the EHSRM lab safety training once and have it be considered completed and take the CITI trainings according to what we set their time frame to be. They discussed having all CITI trainings required every 4 years of the protocol, for the exception of the CITI OSHA Bloodborne Pathogens and BSL-3 trainings, which will be required annually.
 - i. Dr. Subramanian Dhandayuthapani agreed with the suggestions, and noted that the 8-hour lab safety training was way too long to be required to take it repeatedly. He mentioned the timing for the training was malfunctioning a lot, there have been instances where the training record will indicate 30-minute participation in the training when in reality the participant has been working on the training for hours.
- c. A motion was entered by Dr. Subramanian Dhandayuthapani and seconded by Dr. Dae Joon Kim to have the state-mandated EHSRM lab safety training be required only once, and have the CITI trainings be required every 4 years, with the exception of the OSHA Bloodborne Pathogens training and the BSL-3 training required annually.
 - i. All were in favor of approval.
 - ii. Total Voting = 8 Vote: For = 8, Against = 0, Abstained = 0, Recused = 0.

Dr. David Laughlin was not present during the discussion or voting due to technical issues and therefore did not vote.

3. Formalization of Lab-specific Training

- a. Dr. Daniele Provenzano brought the point that the most effective form of training is the training provided by the Principle Investigators (PI) related to the work being conducted in their lab to the personnel working in their lab.
- b. Dr. Daniel Provenzano has been working with Mr. Eric Allen to formalize a form of lab-specific training for PIs that may not be doing that yet for their lab personnel. He mentioned that Mr. Eric Allen took the form Dr. Daniele Provenzano uses for his lab personnel and has used it as a template in creating a form other PIs can use.
 - i. He mentioned that once he and Mr. Eric Allen have the next draft of the template ready, they can share it with the committee members for their feedback. The form will include things that are common across the board with lab work, and fillable areas the PIs can enter their specific work processes in to make it specific to their lab.
 - ii. Dr. Julie Mustard suggested that the form include an area for emergency contact information and that it also includes an area for students/lab personnel to sign as acknowledgement of having received the training. Dr. Daniele Provenzano mentioned these items will be included on the form.
 - iii. Dr. Daniele Provenzano mentioned only asking PIs to use this form if they do not currently have their own. PIs who currently use their own lab-specific training form can continue using it.
 - iv. Ms. Lynne Depeault mentioned this form will be helpful for PAM reviews and Mr. Eric Allen mentioned the form will definitely be shared with PAM for their review. He pointed out that EHSRM will be able to review it as well, and Mr. Javier Garcia mentioned they already look at these aspects through certifications, and they will add reviewing this form to their review process as well.
 - v. Mr. Javier Garcia mentioned this form would be a good way to keep track of personnel in a lab. Dr. Megan Keniry asked if there was a way to keep a log of personnel in a lab because she mentioned she has high school students that will work on one specific task (not related to her protocol) in her lab and are not on her protocol, but they still complete training. She asked if there was a way to keep track of those types of students, and what they are allowed and not allowed to do in the lab.
 1. Mr. Eric Allen mentioned keeping track of these types of students in the lab would be primarily the responsibility of the PI, because this also involves liability issues with a minor on campus. He mentions this involves another subset of expectations for the PI with minors on campus, such as permissions, other trainings, or sign-offs, which are outside of the IBC purview. Mr. Javier Garcia also mentioned a previous discussion the committee had where it was determined that high school students could not conduct BSL-2 work or higher in the institution labs.

4. Amendment Submission Timeframes on tick@lab

- a. Dr. Daniele Provenzano asked Ms. Cordelia Rasa if there was a way on tick@lab to set the annual review timeline to restart the calendar year for the next annual review to the date when an amendment is submitted and reviewed by the committee.
 - i. Ms. Lynne Depeault and Dr. Julie Mustard mentioned that in annual reviews with minor personnel changes, the committee does not typically look at the entire protocol during the review. A full review is conducted at the 4-year renewal mark or if any significant changes have been made to the protocol.
 - ii. Ms. Cordelia Rasa will check with tick@lab to see if this can be done and will update the committee at the next meeting.

H. OTHER BUSINESS

1. EHSRM Report:

- a. None.

2. LAR Report:

- a. None.

3. PAM Report:

- a. Dr. Mirayda Torres-Avila asked the committee if there is anything they would like for her to focus on next year for PAM reviews.
- b. She mentioned the lab reviews went very well, she had less findings than last year. She focused more on the education aspect and encouraged PIs to ensure they answered all the questions within the protocol as well as uploading their CVs to the protocol.
- c. Dr. Mirayda Torres-Avila recommended that the list of trainings be organized within tick@lab to be clearer for PIs, to make it easier for them to determine what trainings they will need based on their protocol work.
- d. Dr. Daniel Provenzano mentioned the committee currently does not have anything in mind to ask of Dr. Mirayda Torres-Avila, but that they will definitely contact her if anything should arise.
- e. Dr. Mirayda Torres-Avila mentioned to Mr. Javier Garcia that he's welcome to let her know if he needs helps during walkthroughs of the labs, and she plans on conducting walkthroughs again since there are new PIs in the labs compared to the first walk-through she conducted.

I. ADJOURNMENT

The meeting was adjourned at 3:11 pm.

----APPROVAL OF MINUTES ----

These minutes were approved by the IBC on February 6, 2026.

