

Annual Protocol Renewal Form

If there are any modifications, please submit the modifications on an Amendment Form.

Date: _____ Approved IBC#: _____ Approved BSL: _____ Approved RG: _____

PROTOCOL STATUS: Please indicate by marking the status of the approved IBC Proposal.

Annual Protocol Renewal: (If your lab research falls into any of these categories, please complete the 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 _____ .
- D. Inactive - project pending sponsor award.

Protocol Termination: (If your research falls into any of these categories, mark the appropriate box and return the form to the IBC Administrator, via campus mail: TBOX 0015 or via email at ibc@tarleton.edu Completion of the entire Annual Permit Renewal form is not necessary.)

- E. Inactive - project never initiated.
- F. Currently inactive - project initiated but project will not be completed.
- G. Completed - no further research will be done.

SECTION 1: PRINCIPAL INVESTIGATOR INFORMATION

Name: _____

Department: _____

Office location (building, room number): _____ Lab location(s) (building, room number): _____

Phone: _____ Email: _____

SECTION 2: ANNUAL BIOSAFETY CABINET CERTIFICATION

Indicate the type of Biological Safety Cabinet(s) you use. Please check the applicable boxes and enter the location of the biosafety cabinet along with the most recent certification date.

Class II A	Class II B1	Class II B2	None
Location:	Location:	Location:	

Other (specify)
Location:

Provide the most recent certification date(s):

SECTION 3: PROTOCOL INFORMATION

1. **Has the laboratory location(s) (building(s) and/or room number(s)) changed since the approval of your IBC registration?**
 NO YES *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

2. **Has your research objective changed since the approval of your IBC registration?**
 NO YES *(I have indicated the modification of my Research Objectives on the Amendment form.)*

3. **Have the agent(s)/organism(s) changed since the approval of your IBC registration?**
 NO YES *(I have indicated the modification of my agent(s)/organism(s) on the Amendment form.)*

4. **Has the protocol changed in recombinant DNA protocols or procedures?**
 NO YES *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

5. **Has the use of live animals with the research of recombinant DNA and/or biohazardous materials changed?**
 NO YES *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

6. **Has any use of human subjects and/or materials in your research changed?**
 NO YES *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

7. **Have there been any changes in: biological toxins, pathogens or recombinant DNA in plants?**
 NO YES *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

8. **Has any use of viral vectors in your research changed?**
 NO YES *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

9. **Are there any changes in your laboratory personnel (including administrators and technicians)?**
 NO YES *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

SECTION 4: PROBLEMS/ADVERSE EVENT (THIS QUESTION MUST BE ANSWERED)

Please describe any unanticipated problems/adverse events that may have occurred in the laboratory during your research. In your description, please explain how the problem/adverse event was resolved. If there were no problems/adverse events, please indicate "NONE" in the space provided.

SECTION 5: RECERTIFICATION OF THE PRINCIPAL INVESTIGATOR

The following signatures certify that the Principal Investigator will continue to conduct this research in accordance with the policy and procedures of the Institutional Biosafety Committee (IBC), the Biosafety in Biomedical and Microbiological Laboratories (BMBL) manual, Section IV-B-7 of the NIH Guidelines, and the Tarleton State University Environmental Health & Safety guidelines.

Principal Investigator (Signature)

Date

Principal Investigator (Printed Name)