# ANNUAL PERMIT RENEWAL

|  |  |  |
| --- | --- | --- |
| Date: Select date | Approved IBC# Enter IBC # | BSL Choose level |

**PROTOCOL STATUS**: Please indicate by marking the status of the approved IBC Permit for renewal.

**Annual Permit Renewal**: *(If your lab research falls into any of these categories, please complete the entire 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 Select date |
| D. Inactive: project pending sponsor award. |

# SECTION 1: PRINCIPAL INVESTIGATOR INFORMATION

|  |  |  |
| --- | --- | --- |
| Name  Enter PI’s name | Department  Enter department | College  Enter college |
| Email:  Enter University email | Office (Bldg. & room #)  Enter office | Lab (Bldg. & room #)  Enter lab |
| Office phone  Enter office phone # | Lab phone  Enter lab phone # |  |

**SECTION 2: PROTOCOL INFORMATION**

*Have there been any changes to your protocol since your last annual renewal?*

*Yes  No*

*If yes, which of the items below have changed?*

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Does your laboratory use Recombinant DNA? |
|  |  | Do you use live animals with the research of recombinant DNA and/or biohazardous materials? |
|  |  | Do you use human subjects and/or materials in your research? |
|  |  | Do you use biological toxins, pathogens, or recombinant DNA in plants in your research? |
|  |  | Do you use viral vectors in your research? |
|  |  | Has/have the laboratory location(s) (building(s) and/or room number(s)) changed since the approval of your IBC registration? |
|  |  | Do you have additional funding (external or gift) source(s) that support(s) this study? |
|  |  | Has/have your funding source(s) changed since the approval of your IBC registration? |
|  |  | Has/Have the agent(s)/organism(s) changed since the approval of your IBC registration? |
|  |  | Are there any changes in your laboratory personnel? |
| **☐** | **☐** | Have you acquired/purchased any new agent(s)/organism(s)?? |
| **☐** | **☐** | Does your laboratory use Synthetic Nucleic Acid Molecules? |
| **☐** | **☐** | Has the storage location of your agent(s)/organism(s) changed? |
| **☐** | **☐** | Has your Research/Teaching Protocol changed since the approval of your IBC registration? |
| **☐** | **☐** | Do you have any new equipment? |

**SECTION 3: ADVERSE EVENT** (THIS QUESTION MUST BE ANSWERED)

Have there been any unanticipated events reported to the IBC?

Yes  No

If yes, what was the outcome?

|  |
| --- |
| Describe outcome of the adverse event here |

# SECTION 4: RECERTIFICATION BY THE PRINCIPAL INVESTIGATOR

*My signature certifies that as the Principal Investigator, I will continue to conduct and report the research/teaching covered under the approved IBC protocol, with all applicable policies, rules, SOP’s, guidelines, and procedures of the Institutional Biosafety Committee (IBC).*

|  |  |  |
| --- | --- | --- |
|  |  | Select date |
| Principal Investigator (Signature) |  | Date |
| Enter PI’s name |  |  |
| Principal Investigator (Printed Name) |  |  |
|  |  | Select date |
| IBC Chair (Signature) |  | Date |
| IBC Chair |  |  |
| IBC Chair (Printed Name) |  |  |

