# TEXAS A&M UNIVERSITY-COMMERCE INSTITUTIONAL BIOSAFETY COMMITTEE

**ANNUAL PERMIT RENEWAL FORM**

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

# Date: Approved IBC#: Approved Bio-safety Level:

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

Annual Permit Renewal: *(If your lab research falls into any of these categories, please complete the Annual Permit Renewal Form).*

1. Active - project ongoing.
2. Currently inactive - project was initiated but is presently inactive.
3. Inactive - project was never initiated but anticipated start date is .
4. Inactive - project pending sponsor award.

Permit Termination: (*If your research falls into any of these categories, mark the appropriate box and return the form to the IBC via campus mail Office of Sponsored Programs or via email at IBC@tamu-*

*commerce.edu. Completion of the entire Annual Permit Renewal form is not necessary.)*

1. Inactive - project never initiated.
2. Currently inactive - project initiated but project has not/will not be completed.
3. Completed - no further research will be done.

# SECTION 1: PRINCIPAL INVESTIGATOR INFORMATION

**Name: Department**: **College:**

**Fax: Email:**

**Office location (building, room number): Campus Mail:**

**Lab location(s) (building, room number):**

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
| City | State | Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  |  |  |
|  | Office | Laboratory | Emergency/after hours |

# SECTION 2: PROTOCOL INFORMATION

1. **Have 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.)*

# Have your Funding Sources changed since the approval of your IBC registration?

**NO YES** (*I have indicated the additional funding sources on the Amendment form, and have included a copy of the grant with this submission.*)

1. **Has the Research Administrator changed since the approval of your IBC registration? NO YES** (*I have indicated the modification of the Research Administrator on the*

*Amendment form.*)

1. **Have your Research Objectives changed since the approval of your IBC registration? NO YES** (*I have indicated the modification of my Research Objectives on the*

*Amendment form*.)

1. **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.)*

# Does your laboratory use Recombinant DNA?

**NO YES** (*If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

# Do you use live animals with the research of recombinant DNA and/or biohazardous materials?

**NO YES** *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

# Do you use human subjects and/or materials in your research?

**NO YES** *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

# Do you use biological toxins, pathogens or recombinant DNA in plants, in your research?

**NO YES** *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

# Do you use viral vectors in your research?

**NO YES** *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

# Are there any changes in your laboratory personnel?

**NO YES** *(If this information has changed since the approval of my IBC registration, I have indicated this on the Amendment form.)*

# SECTION 3: 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. If your description will not fit in the box below please attach a separate page with the complete description and enter see attached in the box below.

# SECTION 4: RECERTIFICATION OF THE PRINCIPAL INVESTIGATOR

The following signatures certifies 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 A&M-Commerce Laboratory Safety Guidelines, Hazardous Communication Program, and Bloodborne Pathogen Program found a[t http://web.tamu-](http://web.tamu-/) commerce.edu/facultyStaffServices/riskManagementSafety/documents/safetyPrograms/TAMUC- LabSafety-051909.pdf,

Principal Investigator (Signature) Date

Principal Investigator (Printed Name)

Department Head (Signature) Date

Department Head (Printed Name)