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## SUBMISSION FORM IBC A: INSTITUTION INFORMATION

Date:  
 Protocol ID:  
 Project Title:

### I. INSTITUTION

1. **INSTITUTION** - *The institution name is used to register the IBC with NIH OBA, and should designate the Institution responsible for the location where recombinant DNA is introduced into the human research subject.*
  - 1a. Institution name:
  - 1b. Mailing address: (street, city, state, postal code, country)
2. **INSTITUTIONAL OFFICIAL (IO)** - *The Institutional Official is the person with authority to represent the Institution in a regulatory, legal, or financial action. NIH correspondence is typically directed to the Institutional Official.*
  - 2a. IO Contact name:
  - 2b. IO Mailing address: (street, city, state, postal code, country)
  - 2c. IO Phone: IO E-mail:
3. **INSTITUTIONAL CONTACT** - *The Institutional Contact is the person designated as the primary contact for IBC Services.*
  - 3a. Contact name:
  - 3b. Mailing address: (street, city, state, postal code, country)
  - 3c. Phone: E-mail:

### II. OTHER INFORMATION

- |    |   | Yes                        | No                       |
|----|---|----------------------------|--------------------------|
| 4. | Does the Institution receive NIH funds for <u>any</u> recombinant or synthetic DNA research?  | <input type="checkbox"/>   | <input type="checkbox"/> |
| 5. | Has the Institution ever registered an IBC with NIH OBA?<br><i>*If "Yes," please provide previous IBC documentation.</i>  | <input type="checkbox"/> * | <input type="checkbox"/> |
| 6. | Is the Institution currently conducting any recombinant DNA research (with any funding source), or storing any recombinant DNA materials?<br><i>*If "Yes," please contact client services for more information.</i> | <input type="checkbox"/> * | <input type="checkbox"/> |
| 7. | Does your Institution have an affiliated Biological Safety Officer?<br><i>*If "Yes," please provide the individual's name:</i>  | <input type="checkbox"/> * | <input type="checkbox"/> |
| 8. | Please describe the Institution in a few sentences (you may provide a website):   |                            |                          |

### III. BILLING INFORMATION FOR THE INSTITUTION

- 9a. Billing contact name:
- 9b. Mailing address: (street, city, state, postal code, country)
- 9c. Phone: E-mail:
- 9d. Special instructions: