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# SUBMISSION FORM IBC C: ANNUAL REPORT

Date:  
Protocol ID:  
Site Name:

## I. PI ATTESTATION

1. PI Name (Last, First):

1a. 

- I certify that the information provided in this form is complete and accurate and consistent with all prior submissions.
- I accept the responsibility for the safe conduct of work with this study.
- I agree that modifications to the originally approved project will not take place without prior review and approval by the appropriate committee(s), and that all activities will be performed in accordance with all applicable federal, state, local laws, and IBC and institutional policies.
- I will not introduce any new biological materials or make any changes without obtaining IBC approval first.
- I will follow applicable biosafety level requirements, comply with all shipping requirements and required waste management practices.
- I will ensure that all personnel have appropriate training, including, but not limited to: biosafety principles and techniques, accidental spills, shipping regulations, proper handling of biohazardous materials and waste management.
- I am aware that the IBC reserves the right to conduct inspections of the research facilities at any time.

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PI Signature

## II. RESEARCH CHANGES

Please check all areas where changes are applicable and provide sufficient detail for each change so the Committee can make an adequate review.

Yes

2.  **NEW LOCATION**  
New Site Name:  
New Address:  
New Phone:

3.  **EQUIPMENT CHANGES**  
Describe changes:

4.  **NEW PERSONNEL**  
Name (Last, First) & Degree(s):  
Role:  
Training Description:  
  
Name (Last, First) & Degree(s):  
Role:  
Training Description:  
  
Name (Last, First) & Degree(s):  
Role:  
Training Description:

5.  **NEW ORGANISMS / TOXINS**  
Name:  
Name:  
Name:

6.  **BIOSAFETY LEVEL CHANGES**  
Please summarize:

7.  **RECOMBINANT DNA CHANGES**  
 If yes, please check below all areas with changes and provide sufficient identification and background information.

Host(s):  
 Host range:  
 Nature of DNA:  
 Vectors(s):  
 Physical containment:  
 Source DNA:  
 Deliberate attempts to express a foreign gene:

8.  **LABORATORY PROCEDURE CHANGES**  
 Please summarize:

9.  **OTHER CHANGES**  
 Please summarize:

**III. MISCELLANEOUS**

10. During the current approval period, were there any incidents which compromised the biosafety status? Yes  No  N/A   
 If yes, please describe the events including any corrective actions taken:

11. Are all previously approved personnel in this protocol current with all IBC training requirements?

**IV. PERSON COMPLETING THIS FORM**

12. Submitter Name (Last, First):

12a. Phone: E-mail:

12b. Special instructions: