***Western Carolina University***

***Institutional Biosafety Committee***

***Annual Renewal or Modification Form***

This form may be used to request annual review or modify an existing project. Return the completed form to the IBC coordinator, [IBC@wcu.edu](mailto:IBC@wcu.edu)

All employees and graduate students are required to complete Vivid Biosafety training prior to beginning experiments. Contact the Safety Officer (safety@wcu.edu) to access training.

1. **Administrative Information**

Principal Investigator:

Department:

Telephone Number:

Office Address:

IBC Protocol #:

Are you requesting (check all that apply):

Annual Review (complete section 2)

Modification to an approved protocol (complete section 3)

1. **Annual Renewal** 
   1. Status of study:

Active

Inactive. Anticipated start date if study has not yet begun:

Project complete and ready to be closed.

* 1. Briefly describe the progress of the study to date:
  2. Have there been any accidental spills of infectious material or exposure incidents that impacted personnel safety? (*Note: these incidents must be reported to the Office of Safety and Risk Management (ext 7443) at the time of the event)*

No

Yes. If yes, describe the circumstances and corrective actions taken:

* 1. If you are not requesting a modification, go to section 4.

1. **Modification Request**
   1. Please check all that apply:

Change in research personnel (update list in item f)

Change in location where experiments are being conducted (update list in item e)

Changes to procedures

Changes to hosts or vectors (update list in item c)

Changes to DNA source or nature of inserted sequence (update list in item c)

Changes to containment procedures (update list in item d)

Other changes (describe below)

* 1. Provide a detailed summary of your requested modifications:
  2. List any change in host, vector, or DNA source.

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| **Experiment #** | **Organism Source of DNA** | **Nature of Inserted Sequences**  **(list protein produced and any known toxicities)** | **Host** | **Vector** |
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* 1. List any change in containment level.

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| **Experiment #** | **Physical Containment**  **(BSL1 or BSL2)** | **Risk Group**  **(RG1, RG2, RG3, RG4)** | [**NIH Guidelines Section Citation**](https://osp.od.nih.gov/wp-content/uploads/2013/06/NIH_Guidelines.pdf) |
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* 1. List all any change in location where experiments will be conducted.

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| **Location (Building & Room #)** | **Description of Facilities** | **Add/Remove** |
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* 1. List the name, title, and employee ID number (920-) of any changes to research personnel.

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| --- | --- | --- | --- |
| **Name** | **WCU Title (faculty, staff, undergraduate, graduate)** | **WCU ID Number** | **Add/Remove** |
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1. **Principal Investigator Statement**

The information above and on the attached pages is accurate and complete. I am familiar with and agree to abide by the relevant provisions of the current National Institute of Health (NIH) guidelines and other specific instructions from the NIH and IBC pertaining to this project.

By signing below, I agree to the following statements:

* I agree to adhere to WCU policy and the NIH guidelines regarding the shipment and transfer of recombinant DNA.
* I will immediately report an accident, spill, or loss of materials to the Office of Safety and to the IBC.
* I will submit an annual renewal form to the IBC for continuation of my project.

PI Signature Date