**Request for Renewal of IBC Approval**

**Appalachian Institutional Biosafety Council**

IBC #       (To be filled out by Research Protections)

***Instructions****: Complete and send the request form electronically to* *IBC@appstate.edu**.*

***Note:*** *checkboxes can be checked by placing clicking on the box.*

**Today’s Date:**

**Section I: Experiment Description**

1. Project Title:
2. Principal Investigator(s) and responsible faculty member if student is the PI:
Department(s):
PI Telephone:
3. Please provide a summary of the work with the protocol to date:
4. What is the status of the experiment?

[ ]  Active – project ongoing

[ ]  Currently inactive

[ ]  Ready for termination

1. Please provide a summary of protocol changes:
2. Are there any changes in agents used in your lab which could change the biosafety level of the experiment(s)?
3. Are any new personnel working with biohazardous agents for the experiment(s)? If there are any changes, please list new personnel:
4. Are there any changes to procedures involving biohazardous agent which could change the biosafety level?
5. Have any accidental spills or exposure incidents occurred in your lab which impacted personnel safety that were not previously reported?
6. Are there any changes in locations where work with biohazardous agents is being conducted?

**Section II: Research Personnel and Location of Research**

Required Training for All Personnel Listed by Category

|  |  |
| --- | --- |
| **Category** | **Required Training** |
| Exempt, no transgenic plants or animals | * Training for Investigators/NIH Recombinant DNA Guidelines CITI course
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| Exempt, with transgenic plants or animals | * Training for Investigators/NIH Recombinant DNA Guidelines CITI course
* AsULearn Transgenic Quiz completion
 |

*\*All Biosafety Level 2 lab ancillary students (students who use the lab but are not on the protocol) must complete the ASULearn Institutional Biosafety training quiz titled* ***“Biosafety Training Quiz”****. Personnel should be able to enroll themselves, but if they have an issue, please contact* *IBC@appstate.edu\**

Enter each team member (including PI) in the personnel table below. Add additional rows as necessary by right clicking on a row.

 **(Note:** Personnel changes can be submitted via email with the information below)

Personnel Table

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** (e.g., PI, co-I, Research Assistant, Research Cord., Faculty Advisor, etc.) | **Receive IBC Correspondence** (Y/N)?If yes, provide preferred email address. | **Completion of Required Training** (Y/N) |
|  |  |  |  |
|  |  |  |  |

1. Describe additional training personnel have received in the handling of agents to be used (e.g., hands on training in the lab, lab meeting etc.).

**Section III: Source of Funding and Conflict of Interest**

1. Project Support:

 [ ]  Grant: Agency       [ ]  Pending [ ]  Funded, Proposal #:

 Proposal Grant #:       Sponsored Program #:

 [ ]  Departmental support:

 [ ]  Teaching course number(s), year(s), semester(s) offered:

 [ ]  Other: Specify:

If funds awarded/pending, provide sponsor name, Sponsored Programs number:

2. Are there any known or potential conflicts of interest related to this research?

*Conflict of interest relates to situations in which financial or other personal considerations may compromise or involve the potential/have the appearance for compromising an employee’s objectivity in meeting University responsibilities including research activities.*

*Examples of conflicts of interest include but are not limited to: an investigator has equity in a business that conducts research in a related area; an investigator will receive an incentive/bonus based on the number or speed of enrollment or outcome of a study; or an investigator or family member is a consultant, holds an executive position or serves as a board member of the research sponsor or its holdings.*

[ ]  No [ ]  Yes
If yes, please describe and explain how the potential conflict of interest will be managed.

By submitting this request, the Principal Investigator (and responsible faculty member if PI is a student) accepts responsibility for ensuring that:

1. All members of the research team complete the IBC required CITI training and are sufficiently trained on the necessary practices and techniques to ensure safety and the procedures for dealing with accidents;
2. Protocols that describe the potential biohazards and the precautions to be taken are available to all members of the research team;
3. All members of the research team are informed of the reasons and provisions for any precautionary medical practices advised or requested (e.g., vaccinations or serum collection); and
4. The study procedures as described in the IBC approved application and the policies in Appalachian’s Policy on the Use of Recombinant DNA in Research and Teaching Laboratories are followed.

The parties (i.e., the IBC and the Principal Investigator and responsible faculty member if PI is a student) have agreed to conduct this application process by electronic means, and this application is signed electronically by the Principal Investigator and by the responsible faculty member if a student is the PI.

My name and email address together constitute the symbol and/or process I have adopted with the intent to sign this application, and my name and email address, set out below, thus constitute my electronic signature to this application.

PI Name PI Email address