



Brandeis University

Office of Research Administration

IBC Protocol #

IBC Annual Renewal Form

Revised 10/20/09

Principal Investigator

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | Department | Email | Ext. | Status |

Current Protocol Information

| | | | | | |
|----------------------|----------------------|------------------------|-------------------------|-----------------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | | | | |
| Existing Protocol # | Project Title | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 4- <input type="text"/> | OR 800 <input type="text"/> | <input type="text"/> |
| | Funding Agency | Agency Award ID | Grant Acct # | University Acct # | Location of Work |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Work Start Date | Work End Date | Protocol Approval Date | NIH Category | Biosafety Level | Containment Practices |
| | | | | | Exempt |

Modifications

NO MODIFICATIONS

Administrative Modifications

Project Title
New Project Title:

Funding Source
New Funding Agency: New Agency Award ID: New Account #: 4- OR 800

Location of Work
New Work Location:

Personnel Change

| Add | Remove | Name | Status | Trained | Hepatitis B Vaccination Date <small>(if working with human blood or tissues)</small> |
|--------------------------|--------------------------|----------------------|----------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |

Scientific Modifications

ATTACHMENT A
for Recombinant DNA, including exempt experiments

ATTACHMENT B
for infectious agents

ATTACHMENT C
for human blood, tissues, fluids and cell lines

ATTACHMENT D
for biohazardous agents

OTHER
attach additional information as necessary

Please fill out the applicable attachment(s) to explain modification(s) and attach to this Renewal Form.

Investigator Certification

By signing this form I certify that:

- I am familiar with and agree to abide by all relevant NIH guidelines and Brandeis University policies relating to this project;
- I accept responsibility for training all personnel involved in the proposed project regarding potential biohazards, relevant biosafety practices, techniques, and emergency procedures;
- I will submit reports to the IBC dealing with any:
 - Incident that results in potentially toxic or infectious exposure to rDNA materials or any incident releasing rDNA materials into the environment;
 - Problems with physical or biological containment;
 - Exposures to infectious agents; and/or
 - Novel information bearing on the safety of this work such as new technical data relating to biological hazards of specific rDNA molecules or infectious agents.

| | | | |
|------------------------|----------------------|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Principal Investigator | Date | Co-Principal Investigator | Date |

IBC Use Only

| | | | | | |
|---|----------------------|---|---|---|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date Received | Date Reviewed | Reviewer 1 | Reviewer 2 | IBC Approval Signature | Date Approved |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On hold | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> |
| IBC Approval | | Physical Containment | Containment Practices | NIH Category | Exempt |