

IBC use only: _____ Expiration: Enter Date

ANNUAL IBC REGISTRATION REVIEW
UNIVERSITY OF NORTH TEXAS AT DALLAS
INSTITUTIONAL BIOSAFETY COMMITTEE

IBC NUMBER: enter text

ORIGINAL APPROVAL DATE: enter text

INVESTIGATOR: enter text

PHONE: enter text **EMAIL:** enter text

DEPARTMENT: enter text

TODAY'S DATE: enter text

PROJECT TITLE: enter text

STATUS OF PROJECT: continued closed

MODIFICATION OF PROJECT (in past 12 months) no yes

If yes,

Key staff changes? no yes

 If yes, was an amendment submitted? no yes

Facility changes? no yes

 If yes, was an amendment submitted? no yes

Protocol changes (agents, procedures, etc.) no yes

 If yes, a new registration is required

LABORATORY BIOSAFETY in past 12 months:

Has a self-assessment inspection been conducted? no yes

Have any biohazard incidents occurred (spills, releases)? no yes

 If yes, was a Biohazard Incident Report Form submitted? no yes

Have any Injuries occurred? no yes

 If yes, was a Biohazard Incident Report Form submitted? no yes

 If yes, was an Incident Report Form submitted? no yes