

IBC Exempt Research Registration Form
(for Projects Exempted from IBC Oversight)

Instructions: ALWAYS download the latest version. Submit this form in its original format only by email to biosafety@untDallas.edu.

- A. Does this project involve human research and requires [Institutional Review Board \(IRB\) review](#),
No Yes IRB Protocol # , Approval date.

Will any human biological samples (blood or blood products, saliva, sweat, tissue, etc.) be involved or will any controlled substances, toxins, or biological agents (e.g., bacteria, viruses, protozoa) be used in humans?

No Yes If “Yes”, this is the incorrect form. You must submit a full IBC application prior to initiation of research.

- B. Will any research study personnel conduct any laboratory work or collect, process, test, store, or ship any potentially hazardous research materials whether biological; pathological; diagnostic specimens; recombinant, or synthetic molecules (see UNT Dallas Biosafety Manual for IBC registration requirements)?
No Yes If “Yes”, this is the incorrect form. You must submit a full IBC application prior to initiation of research.

- C. Does this project require [Institutional Animal Care and Use Committee \(IACUC\) review](#)?
No Yes If “Yes”, IACUC Protocol # , Approval date.

Will any animal work be done with controlled substances, biological agents (e.g., bacteria, viruses, protozoa), or toxins, or animal work in laboratory space outside of the vivarium?

No Yes If “Yes”, this is the incorrect form. You must submit a full IBC application prior to initiation of research.

- D. For all other projects, complete the form below to register the research project.

Date of Electronic Submission: [Click to enter submission date.](#)

Principal Investigator: [Click here to enter text.](#)

Titles/Position: [Click here to enter text.](#) **Department:** [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Office phone: [Click here to enter text.](#) **Cell/After hours:** [Click here to enter text.](#)

Laboratory Building: [Click here to enter text.](#) **Lab room #:** [Click here to enter text.](#)

Project Title: [Click here to enter text.](#)

Funding Source (whether federally funded, locally funded, or unfunded): [Click here to enter text.](#) **Grant #** [Click here to enter text.](#)

Chemical Inventory Submitted? No Yes Date [Click to enter submission date.](#)

Biological Inventory submitted? No Yes Date [Click to enter submission date.](#)

Risk Assessment Completed? No Yes

1. Provide an estimated start date and expected duration of the project.
[Click here to enter text.](#)

2. Briefly describe this project in NON-TECHNICAL LANGUAGE and explain why you are requesting an exemption from UNT Dallas IBC Oversight.

[Click here to enter text.](#)

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By submission of this application, the Principal Investigator of this project attests that the information contained in this form is accurate and complete.

PI Signature

Date

This project was determine “Exempt from UNT Dallas IBC Oversight” but is registered with the IBC.
Annual re-approval is NOT required, however, you must submit a full application prior to implementing any changes that may alter this exemption.

X _____

IBC Chairman

Date of Approval

IBC registration # _____

Date of laboratory inspection: _____