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