**INSTITUTIONAL BIOSAFETY COMMITTEE**

**ANNUAL IBC APPLICATION UPDATE FORM**

In accordance with NIH/OBA regulations and Campus Policy, all biological research must be reviewed and approved by the Institutional Biosafety Committee (IBC). IBC Application approval is valid for three years from the date of approval and is specific to the research listed on your Application. In order to ensure that your biological research records remain current and in compliance with NIH/OBA guidelines, **please complete this form electronically and return it to** **cnorton@uccs.edu** **as soon as possible or within 14 days**. If you have any questions, please contact Cindy Norton (cnorton@uccs.edu), or 255-3212. Thank you for your cooperation.

Principal Investigator:       Date:

IBC Application #:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the research or teaching activities listed in the Application still active? [ ]  Yes [ ]  No

a. If active, have there been any changes in the biological research that [ ]  \*Yes [ ]  No

 was listed in your original Application? (e.g. new biological agents, human or animal cell lines, use of animals, etc.). \*If yes, please use IBC Biosafety Application Addendum form to note these changes and complete a current application. Both of these documents are available on the EH&S web site[: http://www.uccs.edu/osp/forms.html](file:///%5C%5Ccolumbia%5Cdept%5CDPS%5CEnivronmental%20Health%20and%20Safety%5CIBC%5C%3A%20http%3A%5Cwww.uccs.edu%5Cosp%5Cforms.html)

b. If you are planning new biological research that has not been addressed in your current IBC application, then a new application will need to be electronically submitted to the IBC to sberrylo@uccs.edu.

2. List the names and positions (undergraduate, graduate, postdoc, staff) of all current laboratory personnel associated with the biological research/teaching that was listed in your Application(s). If there are no changes in lab personnel, then just state “No Changes”. Use page 2 to list staff changes.

P.I. \*Signature:       Date:

\* An electronic signature is acceptable. If electronic signature is not available, then complete form electronically, scan it and e-mail it to cnorton@uccs.edu

Thank you.

Institutional Biosafety Committee

**Personnel List**

|  |  |  |  |  |
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| **NAME** |  **POSITION (Faculty, PostDoc, Graduate or Undergraduate Student)** | **DEPARTMENT** | **E-MAIL** | **PHONE** |
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**Training Documentation for Personnel: (EHS can complete this portion for you)**

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| **NAME** |  | **DATE OF TRAINING** |
|  | Lab Safety | Biosafety | BBP | Biosafety Cabinet | Shipping | rDNA | ABSL-1 | ABSL-2 |
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