Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Biosafety Committee web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IBC evaluation process. Complete all sections of the protocol application (indicate N/A in the section not applicable to your protocol). "See attached proposal" or “See the previous section” are not an acceptable responses.

Enter information by clicking the  box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IBC website**](http://research.umbc.edu/biosafety-institutional-biosafety-committee/) **for all up-to date guidance and information regarding the below questions.**

NAME OF PRINCIPAL INVESTIGATOR: Click here to enter text.

IBC APPLICATION NO: Click here to enter text.

APPLICATION TITLE: Click here to enter text.

1) Were there any incidents, such as spills or accidents causing personal injury, illness or containment breach or problems with containment practices & procedures, which compromised the biosafety status during the current approval period? If yes, describe the events including any corrective actions taken.

**Click here to enter text.**

2) Do you wish to continue this project as currently approved by the IBC for another year? If a change in approved procedures or protocols have occurred, please explain. Also, explain any change in the status or closure of any associated IRB or IACUC protocol.

**Click here to enter text.**

*Note: Submit a modification for IBC review prior to introducing any new biological materials or making any changes that could affect the status of your IBC approval.*

1. Has there been any changes/additions in sponsored funding?  Yes  No

Please state below the project title, dates and UMBC Project ID and briefly describe new research methods (if any). All changes must be added to the existing protocol document. . Please attach a copy of the components of grant applications and contract proposals related to human subjects use [e.g. the animal care and use section] as well as any amendment if it involves changes or additions to sponsored funding (e.g. submission of JIT materials, confirms to an agency that a grant has IBC approval, or adds a new award to an existing protocol).

**Click here to enter text.**

1. Are all previously approved personnel in this protocol current with all IBC, IACUC and IRB required training? **The Principal Investigator is responsible for informing all personnel of potential hazards, safe work practices, availability of medical surveillance, and that they understand and will follow all approved laboratory practices and procedures. The Principal Investigator assures that all personnel complete all safety, biological, animal and/or human research training requirements.**

**Click here to enter text.**

1. Has there any changes to any previous conflict of interest disclosure, as described by [UMBC’s Conflict of Interest](http://www.umbc.edu/research/ORPC/coi_procedures_umbc.html) policies?

**Click here to enter text.**

1. If added since the last IBC approval, list any new agents and/or organisms classified as Biosafety Level 1 that are specifically associated with this protocol. To add BL-2, you must submit a modification.

|  |  |  |
| --- | --- | --- |
| COMMON NAME | SCIENTIFIC NAME (Genus & species, strain) | Yes No SPECIFICS |
| Click here to enter text. | Click here to enter text. | Special precautions or equipment (e.g. biosafety cabinets) required? (If yes, please describe): Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Special precautions or equipment (e.g. biosafety cabinets) required? (If yes, please describe): Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Special precautions or equipment (e.g. biosafety cabinets) required? (If yes, please describe): Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Special precautions or equipment (e.g. biosafety cabinets) required? (If yes, please describe): Click here to enter text. |

I attest that the information contained in this renewal is accurate and complete. I accept the responsibility for the safe conduct of work with this study at the Biological Safety Level practices and procedures. I will inform all personnel, who may be at risk of potential exposure of the conditions of this work. I will not introduce any new biological materials or make any changes without obtaining IBC approval.

Verify that the content of this document is correct. Send the signed form to ORPC at [compliance@umbc.edu](mailto:compliance@umbc.edu)

Investigator’s Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.