## INSTITUTIONAL BIOSAFETY COMMITTEE

**CONTINUING REVIEW RESPONSE FORM** – As of April, 2020

**Please answer all applicable questions and provide the material identified…………………** ***Please COMPLETE ELECTRONICALLY****.*

* *All boxes are expandable so be sure to include complete information.*
* *Submit the completed electronic version of this form using your BGSU email address to the Institutional Biosafety Committee (IBC) at* [*jbarans@bgsu.edu*](mailto:jbarans@bgsu.edu)*.*

**I. General Information:**

Principal Investigator:       IBC Project ID:

Project Title:

**II. Project Status**

Continuing  *(Please complete section III)*

Completed

**III. Were there any changes to?**

**A. Organisms**

Host: Yes  No

Vector (virus or plasmid): Yes  No

Infectious agent (if project involves): Yes  No

*(If “Yes” to any item above, please provide details below)*

If “Yes” - will this result in a change in Biosafety Level? Yes  No

If “Yes” - From Biosafety Level     to Biosafety Level

*(Note: Any increase in Biosafety Level will require review by the full IBC)*

**B. Personnel**

Yes  No

*(If “Yes”, please provide relevant details below)*

If adding new personnel:

Please list names and titles of individuals to be added to the project:

Training - Please indicate the steps taken to ensure that these individuals are familiar with *the NIH Guidelines*, laboratory policies and procedures associated with work on this project and with procedures to be followed in case of an accident.

If removing personnel:

Please list names of individuals to be removed from the project:

**C. Locations** (buildings and room numbers of laboratories in which the experiments will be conducted)

Yes  No

*(If “Yes”, please provide relevant details below)*

**D. Disposal Method**

Yes  No

*(If “Yes”, please provide relevant details below)*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

?? QUESTIONS ??

Contact the IBC at

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