**Institutional Biosafety Committee (IBC)**

**Annual Progress Report Form for Administrative Review**

**Section I. Investigator/Study Information**

|  |  |
| --- | --- |
| Principal Investigator: |  |
| Department: |  |
| TU Email and Office Ext.: |  |
| TU IBC Protocol #:  |  |
| TU IBC Protocol Title: |  |
| Initial IBC Approval Date: |  |
| Approved Biosafety Level: |  |
| Internal/External and/or Funding Agency(s): |  | Grant/Award No.:  |
| All Rooms Used for Protocol: |  |  | Lab Phone #: |

**IMPORTANT: THIS FORM MUST BE SUBMITTED AS A WORD DOCUMENT AND RECEIVED BY THE OFFICE OF RESEARCH COMPLIANCE AT LEAST 30 DAYS BEFORE THE CURRENT APPROVAL DATE.**

**[ ]  Annual Admin. Review-1 [ ]  Annual Admin. Review-2 [ ]  Annual Admin. Review-3**(\*along with new/renewal application)

**Section II. Current Study Status**

[ ]  **Ongoing Research** - I plan to work on this study until the next administrative review or when I contact the IBC Office to request to close out.

|  |  |
| --- | --- |
| **Initial study approval date:** |  |
| **Projected study end date:** |  |

**[ ]  Project was discontinued/completed** - Please close out this IBC protocol.

|  |  |
| --- | --- |
| **Date study was discontinued/completed:** |  |

\* Note: If checked, this project will be removed from the TU IBC ‘active’ files.

**Section III. Study Summary**

1. **Please list *ALL PERSONNEL CURRENTLY* working on this IBC protocol:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have there been changes in personnel in the past 12 months that were not part of the original proposal?**

 [ ]  **YES**  Explain:

 [ ]  **NO**

\**Note: All personnel must complete required training before beginning work on an IBC protocol. Please visit* [*https://utulsa.edu/research/office-research/research-compliance/research-compliance-training/ibc-training*](https://utulsa.edu/research/office-research/research-compliance/research-compliance-training/ibc-training) */*

**2. Have the locations (buildings/rooms) in which your project work is performed been changed in the past 12 months?**

 [ ]  **YES** If Yes, revision approval date:       ***OR***  [ ]  If you did not submit a revision request, contact the IBC Chair.

[ ]  **NO**

**3. Have any new organisms been added to this protocol in the past 12 months?**

[ ]  **YES** If Yes, revision approval date:       ***OR***  [ ]  If you did not submit a revision request, contact the IBC Chair.

[ ]  **NO**

**4. Have any new strains of previously approved organisms been added to this protocol in the past 12 months?**

[ ]  **YES** If Yes, revision approval date:       ***OR***  [ ]  If you did not submit a revision request, contact the IBC Chair.

[ ]  **NO**

**5. Have there been any major changes (i.e., major amendments) to this protocol within the past 12 months?**

[ ]  YES If Yes, revision approval date:       ***OR***  [ ]  If you did not submit a revision request, contact the IBC Chair.

[ ]  **NO**

**6. At any time during the course of the research, has the Biosafety Level changed?**

[ ]  **YES** Original Biosafety Level: Current Biosafety Level:

[ ]  **NO**

**7. Have there been significant problems, violations of the *NIH Guidelines*, or serious accidents within the past 12 months?**

[ ]  **YES** If Yes, have these problems/violations/accidents/events been reported to the IBC?

 [ ]  Yes. Date of submission to IBC:

 [ ]  No. Provide a thorough description:

[ ]  **NO**

**Return this Annual Progress Report and any associated documentation to** **researchcompliance@utulsa.edu****.**

For questions, contact the Research Compliance Coordinator at 918-631-3310 or email researchcompliance@utulsa.edu.

**This project is being conducted as originally submitted, or all amendments to this proposal have been previously approved, or are attached for review/approval with this Annual Progress Report and will not be implemented until reviewed/approved by the TU IBC. I agree to abide by the federal guidelines in conducting all work using recombinant DNA molecules or synthetic nucleic acid molecules.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator Signature Date**

FOR OFFICE USE ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized IBC Member Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

\*If different from IBC Chair

 Printed name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TU IBC Chair/Chair Designate Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

 Final Approval signature

Printed name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**