

FOR OFFICE USE ONLY:

IBC PROTOCOL # _____

STATUS: _____

IACUC Protocol # (if applicable): _____

CONTAINMENT BSL: _____

**Institutional Biosafety Committee (IBC)
Annual Review Form/Protocol Change Form****INSTRUCTIONS**

Be sure to save the application PDF to your computer before you begin completing the form. You may not be able to save your changes if you edit this form in a web browser. Mac users please use Adobe Acrobat Reader or Adobe Acrobat Pro to fill out the Annual Review Form/Protocol Change Form.

All Principal Investigators conducting biological research must register with the Chico State Institutional Biosafety Committee (IBC) to ensure that their research complies with Chico State biosafety regulations and National Institutes of Health (NIH) recombinant DNA guidelines. Consequently, it is critical that the IBC receive sufficiently detailed information to fulfill its review and approval mandate. This IBC Annual Review Form/Protocol Change Form is the critical instrument for the IBC to accomplish that review and approval responsibility. If you are performing rDNA or infectious/tumorigenic material activities or biological research that are not detailed in an approved Biological Use Application (BUA), you may be in violation of federal regulations and/or university policies.

This Annual Review Form/Protocol Change form must be completed and submitted to Chico State's IBC if your research involves recombinant DNA and/or infectious agents, as described in the NIH and Centers for Disease Control and Prevention (CDC) guidelines.

Please do your best to provide all of the information requested in this document, as failure to do so will likely lead to a delay in processing.

NOTE: BUAs are approved for a period of three years. Continued activity past three years will require a new BUA to be submitted. However, the annual review form needs to be submitted every year. Similarly, this form needs to be submitted if there are any changes to the existing approved BUA. **Submitting a Modification is NOT a Renewal of an existing BUA.**

If you need help or have questions about how to complete this application, please contact the IBC office at ibc@csuchico.edu.

Please e-mail a signed copy of the application to: ibc@csuchico.edu.

PLEASE CONTINUE TO THE NEXT PAGE TO BEGIN COMPLETING THE FORM

ANNUAL REVIEW FORM

IBC PROTOCOL # _____

PROTOCOL CHANGE FORM

IBC PROTOCOL # _____

I. ADMINISTRATIVE INFORMATION:

Principal Investigator:			e-Mail:		
Department:				Phone #:	
Office Location:				Zip:	
Co-Investigator:			e-Mail:		
Department:				Phone #:	
Office Location:				Zip:	
PROJECT TITLE:					
Funding Agency:			Proposal or Award #:		
Dates of Project:	From:		To:		
Project Location(s):					

- Active - project ongoing with no revisions (Complete Sections VIII - IX)
- Active - project ongoing with revisions (Complete Sections II, VIII, IX **AND** Sections III - VII as applicable)
- Completed - No further research will be done
- Protocol Transfer Request - project ongoing, request to transfer registration to another Principal Investigator (Complete Appendix A **AND** Sections II - IX)

II. NON-TECHNICAL SYNOPSIS: Describe revisions to original disclosure in enough detail to allow for committee review and *include any pertinent safety information:*

III. CHANGE IN SCOPE OF WORK: No Yes

Please explain:

IV. CHANGE IN MATERIALS: No Yes

Please explain:

Please list specific cell lines and if purchasing from an outside source (e.g. ATCC), please include the product number.

V. CHANGE IN BIOSAFETY LEVEL: No Yes

Please explain:

VI. CHANGE IN LAB LOCATION: No Yes

Please list all lab and storage locations:

VII. OTHER CHANGES: No Yes

Please describe:

VIII. ACCIDENTS, EXPOSURE, AND EMERGENCY RESPONSE

In the event of an accident/potential exposure, do you agree to follow the procedures listed below?

Yes No

Actions to take in the event of an exposure:

- A.** Flush the exposed area with water. If your eyes, nose or mouth were exposed to blood or other potentially infectious materials, flush these areas for 15 minutes. If your skin was exposed, thoroughly wash these areas with soap and water. Bandage the affected area if needed to control bleeding.
- B.** Notify your supervisor if they are available. The Supervisor/PI is responsible to submit the Incident Reporting Form to Environmental Health and Safety (EHS) **and** to the IBC within 24 hours of the incident.
- C.** Report to the designated medical care provider as soon as possible for follow-up. Take any applicable biological material description documents with you as well.
- D.** For exposure incidents involving human-derived materials (*i.e.*, human cells or blood products), report immediately to designated medical care provider. Identify yourself to staff as a Chico State employee/student who has had a bloodborne pathogens exposure. [**Refer to Chico State's [Bloodborne Pathogens Exposure Control Plan](#)**]
- E.** For all other biological material exposures, report as soon as possible to the designated medical care provider.
- F.** For any accidents/exposures involving biohazardous materials, notify EHS (530-898-5126) as soon as possible. Both medical evaluation and safety practices follow-up must be completed and documented for such incidents per the provisions of CDC, NIH, and Chico State Policies.

