

FOR OFFICE USE ONLY:**IBC PROTOCOL #** _____**IACUC Protocol #** (if applicable): _____
California State
University Chico
Institutional Biosafety Committee (IBC)
Protocol Discontinuation or Termination 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.

When completing this document please answer questions thoroughly, and please be specific about the disposition of agents. 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.

I. ADMINISTRATIVE INFORMATION:

| | | | |
|-------------------------|--|----------------------|--|
| IBC PROTOCOL #: | | | |
| 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 #: | |
| Project Location(s): | | | |

Currently Approved Biosafety Level (indicate all that apply): ☐ Exempt ☐ BSL-1 ☐ BSL-2

II. DISCONTINUATION INFORMATION:

Requested protocol discontinuation date: _____

Why is this protocol being discontinued?

Will this protocol be replaced by another protocol? ☐ No ☐ Yes

If yes, then please submit a new IBC BUA form.

Disposal of Agents: ☐ N/A

| | Agent 1 | Agent 2 | Agent 3 | Agent 4 |
|---|----------------|----------------|----------------|----------------|
| Agent Name: | | | | |
| Agent Type: (Microorganism, rDNA, Toxin) | | | | |
| Date of Disposal: | | | | |
| Disposal: (destruction, transfer to PI NAME, MTA) | | | | |

Attach additional page with more table entries, if needed.

Description of agent disposal: (Please be specific.)

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Signature of Principal Investigator: _____

Date: _____

Signature of IBC Chair: _____

Date: _____

Please return the completed form to:
ibc@csuchico.edu