[Arizona State University](http://www.asu.edu/)

EHS 112AR

Annual Review Form

## Arizona State University

## Institutional Biosafety Committee

IBC #  BSL **1, 2, 3** Project Title:

Investigators Name: Phone: Dept:

Describe revisions to original disclosure in enough detail to allow for committee review and ***include any pertinent safety information****:*

**Change in Scope of Work:**  No  Yes Please explain:

**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.**

**Change in Biosafety Level:**  No  Yes Please explain:

**Change in Lab Location:**  No  Yes Please list all lab and storage locations:

**Funding Change:**  No  Yes If yes, please list:       ASU Proposal/Award #:

**Other Changes:**  No  Yes Please describe:

**Personnel:** Identify **ALL** personnel conducting the experiments (including students and staff). Specify degree, applicable training and experience including duration (e.g. 2 years), and project responsibilities.

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| --- | --- | --- | --- | --- | --- |
| **Participant Name** | **ASURITE Name** | **Degree** | **Project Responsibilities** | **Prior Experience or Training Related to these Responsibilities** | **For IBC Use Only**  Biosafety Training Verification |
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**List the names of any individuals no longer involved with the experiments (these individuals will be removed from the disclosure):**

By signing below, you are agreeing that all work on this project will be conducted using biosafety practices described in the CDC/NIH Publication entitled *Biosafety in Medical and Biomedical Laboratories (BMBL).* Additional stipulations required by the Institutional Biosafety Committee on behalf of Arizona State University will also be followed.

|  |  |  |
| --- | --- | --- |
| FOR IBC COMMITTEE USE ONLY | | |
|  | **IBC Chair or Designee** | **Date** |
| Approved by IBC |  |  |

Principal Investigator’s Signature:  Date:

**Send the completed form to:**

Please describe revisions to original protocol in enough detail for committee review.

**IBC, Office of Research Integrity and Assurance**

**By Email:**

**[IBC@asu.edu](mailto:IBC@asu.edu)**

**By Campus Mail: Mail Code 6111**