**Institutional Biosafety Committee**

**Registration Document**

Research involving any of the agents listed below must be approved by the Texas A&M International University Institutional Biosafety Committee (IBC) prior to initiation:

* Pathogens and potential pathogens of humans, animals, or plants;
* Materials potentially containing human pathogens (including human blood, tissue, and cell lines; non-human primate blood, tissue, and cell lines);
* Recombinant DNA (and RNA) including creation or use of transgenic plants and animals.
* Select agents and toxins (see <http://www.selectagents.gov>) including strains and amounts exempted from the select agent regulations.
* Any material requiring a CDC import license or a USDA permit

The Principal Investigator (PI) is responsible for completing all appropriate parts of this registration document and for notifying the IBC when information submitted in this document changes, such as personnel, laboratory location, procedures, funding, etc. If such changes occur, the PI will be required to fill out an Amendment Form (located online).

Protocols are currently approved for the duration of three (3) year with annual renewals and laboratory inspections.

**Only typed forms will be accepted**. For your convenience, each required form is available electronically. Only the most current forms will be accepted and reviewed; therefore we ask that you access our website for all submissions.

The application must be completed and submitted electronically to the **IBC** at [ibc@tamiu.edu](mailto:ibc@tamiu.edu), and the original signature page must delivered to Office of Research and Sponsored Projects, KL426, **prior** to initiation of research. At the time of submission, you are asked to also submit all grant proposals (if applicable) pertaining to your research. Failure to provide all information requested, including requested signatures, will lead to a delay in processing your request. If you have any questions, please contact the IBC at [ibc@tamiu.edu](mailto:ibc@tamiu.edu) or call (956) 326-2585.

APPLICATION

Routing # \_\_\_\_\_\_\_\_\_\_\_

AUP # \_\_\_\_\_\_\_\_\_\_\_\_\_

IRB # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR INTERNAL USE ONLY

IBC #

for IBC PROTOCOL

Checklist and Table of Contents

for Institutional Biosafety Protocol

The following is a table of contents of the items included in an application for IBC Protocol. In order for research to be approved, you must provide all applicable sections to the IBC, and a copy of the grant proposal. **Please check and attach all items that apply to your research.**

Part I, II, and IV are required and must be completed then submitted. Parts III and V should be completed and submitted as applicable. **Only typed applications will be processed for review.** You need not submit blank or not-applicable pages to the IBC.

Please send completed Applications for IBC Protocols to submitted electronically to the **IBC** at [ibc@tamiu.edu](mailto:ibc@tamiu.edu), and the original signature page must delivered to Office of Research and Sponsored Projects, KL426. If you have any questions, please contact the IBC at [ibc@tamiu.edu](mailto:ibc@tamiu.edu) or call (956) 326-2585.

Your Protocol will be delayed if it is missing any required information. **Please allow sufficient time for processing of your application. It may take 30-60 days to obtain IBC approval.**

Part I: Application for IBC Protocol **(required for all applications)**

Part II: Agent Information **(required for all applications)**

Part III: Viral Vectors **(if applicable)**

Part IV: Personnel Information **(required for personnel working with biohazardous or recombinant agents and human materials)**

Part V: Select Agent Plan Review Form **(if applicable, contact IBC Chair)**

Grant Proposal **(if applicable)**

Biosafety Manual **(required for all BSL2 and 3 research)**

**Part I**

**Application for IBC Protocol**

**1. Principal Investigator Information**

Last Name:       First Name:

Department:       College:

Office location: Building       Room number

Address            

City State Zip

Phone:            

Office Laboratory Emergency/after hours Fax

Email:       (Please provide official University email)

**2. Investigator Assurance**

* I attest that the information contained in this registration is accurate and complete.
* I agree to comply with all Texas A&M International University IBC requirements regarding research involving biohazardous and / or recombinant materials.
* I agree not to initiate any research subject to IBC approval unless I have received such approval.
* I agree to notify the IBC via the IBC Chair and Safety/Risk Manager immediately of incidents involving biohazardous or recombinant agents
* I acknowledge my responsibility for the conduct of this research in accordance with Section IV-B-7 of the *NIH Guidelines*.
* I have the knowledge and training required to safely handle the materials described.
* I agree to train all of my laboratory personnel according to the BSL of the laboratory.
* Entry doors to the laboratory will be closed and locked when the laboratory is unattended.
* I agree to provide all personnel working in the laboratory notification, information and training on the hazards, laboratory security and emergency policies and procedures associated with working in my laboratory. **I agree to inform all personnel working in the laboratory that potentially all microorganisms can be pathogens under certain conditions. When necessary, work procedures and protocols are in place to prevent aerosols and exposure to microorganisms. All personnel are provided training in sterile technique, the use of automatic pipetters and the proper disposal of biohazardous materials. All personnel are advised that if they are in an immunocompromised/ immunosuppressed condition that they are at risk for infection from the general environment and susceptible to infections that would normally not be a problem for an immunocompetent individual. All personnel are further advised that working in a laboratory that conducts experiments using live microorganisms could increase their risk of infection and be hazardous to their health.**

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

Signature of Principal Investigator Date Typed/Printed Name

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

Signature of Principal Investigator Supervisor Date Typed/Printed Name

1. **Protocol Information**

**Protocol Title:**

# Funding Source (Please check all that apply)

NIH  NSF  DOD  USDA  Other:        Not funded

# Grant Proposal

Please include a copy of all grants associated with this IBC Protocol. The submission should include all sections of the grant that contain information pertaining to the research. (Budget information is not required.)

Grant PI if different from this Protocol PI:

Grant Title(s):

# Lay description of the project.

In terms understandable to a non-scientist please provide, in the space below, a brief summary of this project describing its goal(s), methodology, and use of biohazardous or recombinant material.

# Technical description of the project.

Please provide a technical description in the space below. Provide information detailed enough so that IBC members can perform a risk assessment of your Protocol. Include the following information:

* + Procedures, practices, and manipulations involving biohazardous or recombinant agents (e.g. cloning of genes in *E. coli* for sequencing; creation of transgenic mice by means of lentiviral vectors; isolation of bacteria from sewage – may include human pathogens).
  + Identify all manipulations that may increase risk to personnel or the environment; describe how these risks will be mitigated (e.g. all manipulations involving agents listed in this Protocol will be conducted in a biosafety cabinet; transgenic plants will be grown in locked growth chambers and will not be allowed to flower)
  + Briefly describe your experience with the manipulations described in this section (e.g. I have use identical methodology to generate transgenic mice over 100 times in the last 10 years; I have never used this method to isolate proteins from pathogenic bacterial before, however Dr. Smith, who developed this method 7 years ago, has agreed to assist me for the first 3 runs.)
  + Decontamination and waste disposal methods

# Agent or materials potentially containing human pathogens use and storage locations.

Enter building name, room number and pick room use, current biosafety level and shared lab status from the drop down menu. If laboratory is shared, specify the Principal Investigator

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location ID** | **Building Name** | **Room Number** | **Room Use**  **(Storage/Use)** | **Current Biosafety Level** | **Shared Lab?** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **7** |  |  |  |  |  |

# Subjects. Does this Protocol involve:

**Yes No**

Humans Subjects? If **Yes**, enter the Institutional Review Board (IRB) approval date       and ID:

Live vertebrate animals? If **Yes**, enter the Institutional Animal Care and Use Committee (IACUC) approval date       and ID:

Live invertebrate animals? (i.e. Drosophila)

Plants?

# Agent Characteristics. Does this Protocol involve the use or storage of:

**Yes No**

Agents potentially affecting humans?

Agents potentially affecting animals?

Agents potentially affecting plants?

Materials potentially containing human pathogens (including human cell lines, human blood, unfixed human tissue)?

Biological Toxins?

Select Agents and Toxins (including exempt strains and exempt quantities of toxins)?

Any material requiring a CDC or USDA permit?

**If you answered yes to any of the above questions, enter the agent name(s) or materials potentially containing human pathogens and information into Table A of Part II.**

# Recombinant DNA. Does this Protocol involve:

**Yes No**

The use of recombinant agents created elsewhere?

Creation of recombinant bacteria or yeast non-pathogenic to humans, plants, or animals?

Creation of recombinant bacteria or yeast potentially pathogenic to humans, plants, or animals?

Use of viral vectors?

The creation of transgenic animals?

The creation of transgenic plants?

The use of transgenic animals or plants (excluding the use of commercially obtained transgenic rodents kept at BL-1)?

**If you answered “No” to all of the above questions, skip to question L below.**

**If you answered “Yes” to any of the above questions you must enter information into Tables A and B of Part II, then continue with question I:**

* + **Enter host (target) name (e.g. *Mus musculus*) and information into Table A of Part II;**
  + **Enter vector, if used, name (e.g. adeno-associated virus (AAV)) and information into Table A of Part II;**
  + **Enter information regarding the cloned DNA insert (e.g. insulin) into Table B (Part II).**

# Viral Vectors Characteristics.

**If viral vectors are used, complete a separate Part III for each.**

# Insert Characteristics

Please answer the following questions regarding the inserts listed in Part II.

**Yes No**

From a Risk Group 2 Agent?

From a Risk Group 3 or 4 Agent?

From an animal or plant pathogen not effecting humans?

From a Select Agent or coding for a Select Toxin?

Encodes for a known or suspected oncogene gene?

Encodes for a toxin molecule (whole or partial)? If yes please describe the LD50 of the toxin and whether the insert will code for an active toxin.

Will antibiotic resistance be transferred to microorganisms? If yes:

* + - Describe what antibiotic resistance genes will be transferred to which agents (microorganism?).
    - Explain why this action would not fall under Section III-A-1-a of the NIH Guidelines. Include relevant references.

# Which Sections of the *NIH Guidelines* does research described in this Protocol fall (pick all that apply for each agent). Rules pertaining to Sections III-A, III-B, III-C, III-D, III-E, and III-F of the *NIH Guidelines* can be found at: <http://osp.od.nih.gov/office-biotechnology-activities/biosafety/nih-guidelines>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table A**  **ID** | **Agent Genus, species** | **Strain** | **BL/ABSL/BL-P**  **(pick)** | **Section(s) of the *NIH Guidelines* that covers experiments**  **(pick all that apply)** |
| **A-1** |  |  |  |  |
| **A-2** |  |  |  |  |
| **A-3** |  |  |  |  |
| **A-4** |  |  |  |  |
| **A-5** |  |  |  |  |
| **A-6** |  |  |  |  |
| **A-7** |  |  |  |  |
| **A-8** |  |  |  |  |
| **A-9** |  |  |  |  |

**For assistance, contact Dr. Michael Kidd, IBC Chair, at** [**ibc@tamiu.edu**](mailto:ibc@tamiu.edu)**, 326-2585, LBVSC 312B, or Office of Environmental Health and Safety at: 326-2194,** [**safety@tamiu.edu**](mailto:safety@tamiu.edu)**.**

# Risk Assessment

**Yes No**

Will any experimental procedures result in acquisition of new characteristics such as enhanced virulence, infectivity, or change in host range?

Will any procedures with the agent or materials potentially containing human pathogens be conducted outside of a biological safety cabinet?

Will any of the agents or materials potentially containing human pathogensbe transported outside of the laboratory?

Will more than 1 liter of agent be generated at any one time?

Will any of the agents be administrated to animals? If yes please describe the experiment in detail (e.g. animal species, how is the agent given, how long will the animal be followed.)

Does this project involve the environmental release of genetically engineered material?

Does this project involve the environmental release of pathogenic or potentially pathogenic material (other than recombinant agents)?

Will human tissue or cells be transplanted into biohazardous or recombinant agents?

Will animal tissue or cells be transplanted into a different species of animal?

Do any of the agents or materials potentially containing human pathogens you intend to work with require pre-project serum samples, immunization, medical monitoring, and/or health surveillance?

Will the deliberate aerosolization of any agent or materials potentially containing human pathogens occur?

**If you answered “Yes” to any of the above questions, please explain in the space provided on the following page.**

**Risk Assessment Explanation**

# Medical Risks

Describe health risks associated with the use of all pathogens used in your laboratory and list the symptoms/disease that may occur.

|  |  |
| --- | --- |
| **Agent ID** | **Health risks/symptoms/disease/target organ(s)** |
| A-1 |  |
| A-2 |  |
| A-3 |  |
| A-4 |  |
| A-5 |  |
| A-6 |  |
| A-7 |  |

# Medical Treatment

What are the treatment options/plans available in case of a potential exposure to pathogens?

# Exposure Control

Indicate the personnel protective equipment you will use. Please check the applicable boxes.

Face Mask  Gloves  Shoe Covers  Head covers

Boots/Crocs  N 95 (HEPA)\*  Eye protection  Double gloves

Lab coats  Face shield  Disposable outers  P100 (HEPA)\*

PAPR (HEPA)\*

Other (Specify:)

**\* Fit Testing, Pulmonary Function Testing, and/or Respiratory Training may be required.**

# Biological Safety Cabinet

Indicate the type of Biological Safety Cabinet(s) (BSC) you intend to use. Please check the applicable boxes and enter the location IDs:

Class II A (recirculating)

Location ID

Class II B1 (70% exhausted – ducted outside)

Location ID

Class II B2 (100% exhausted – ducted outside

Location ID

None

Other (Specify:)

Is the biological safety cabinet(s) certified annually?

No

Yes, provide date(s) of most recent certification.

**4. Disposal/Decontamination of Laboratory Facilities**

**The following materials must be sterilized, decontaminated or inactivated before disposal**:

**All** materials containing infectious agents (including materials potentially exposed to infectious agents, for example gloves)

**As per *NIH Guidelines***: All materials containing recombinant DNA (or items potentially exposed to recombinant DNA, such as pipette tips, tubes, gloves). This includes any recombinant DNA containing cell cultures, microorganisms, plants, animals (vertebrate, invertebrate, protists)

All biological toxins (or materials potentially exposed to biological toxins)

Human blood or other potentially infected body fluids

Decontamination or inactivation procedures must also be in place for working surfaces (benchtops) and equipment that may become contaminated with infectious agents, recombinant DNA or biological toxins.

# Materials Sterilization/Decontamination/Disposal Methods.

Indicate the methods and laboratory procedures that are in place for decontamination and disposal of contaminated waste.

* + See section C below for suggested autoclave temperature and exposure times.
  + If using chemical disinfection: (i) indicate final concentration of disinfectant & contact time required to achieve decontamination. Please refer to BMBL (6th edition), Appendix B. available at:

<https://www.cdc.gov/labs/bmbl/>.

* + If using incineration please indicate the facility to be used.

|  |  |  |
| --- | --- | --- |
| Type of waste | Potential hazard | Decontamination/sterilization/  disposal procedures |
| Liquids |  |  |
| Solids |  |  |
| Glassware |  |  |
| Biohazardous or recombinant agents |  |  |

# Surface/equipment decontamination:

Indicate the methods/laboratory procedures that are in place for decontamination of work surfaces and equipment. Please refer to BMBL (6th edition), Appendix B. available at: <https://www.cdc.gov/labs/bmbl/>.

# Disposal, Autoclave Testing, Autoclave Efficacy and Recordkeeping:

* + Suggested temperatures and exposure times for autoclaving from NIH Biohazards Guidelines are:

*Liquids 121°C (250°F)  1 hour, (each gallon)*

*Laundry 121°C (250°F)  30 minutes*

*Trash 121°C (250°F)  1 hour  
Glassware 121°C  (250°F) or 160°C (320°F) 1 hour to 4 hours (dry heat)*

1. Please provide assurance that you will use the guidelines listed above or provide

scientific rationale for using an alternate method.

I give assurance that the method indicated above will be used.

Other (*Please attach explanation and include scientific rationale for the use of alternate conditions, i.e.: time, temperature, etc*.)

1. Autoclaves should be tested before being placed into service and then periodically for effectiveness.

a.  The autoclave is departmentally operated

Contact name:      Phone No:

Autoclave Location: Building:      /Room No.:

i. Indicate testing frequency:

Minimum - 1 time per week (BL3)

Minimum - 1 time every other week (BL2)

Minimum - 1 time per month (BL1)

b. The autoclave is individually operated (supervised by Principal Investigator)

Building Location: Building No.:       Room No.:

1. Indicate testing frequency:

Minimum - 1 time per week (BL3)

Minimum - 1 time every other week (BL2)

Minimum - 1 time per month (BL1)

1. A commercially available test indicator kit that uses bacterial spores (*Bacillus stearothermophilus*) is the **required** method of testing autoclave efficiency.

I give assurance that the method indicated above will be used.

1. The IBC requires that the treatment of each load of Biohazardous waste be documented on an autoclave waste treatment record. The record should contain the date of treatment, the amount of waste treated, the method/conditions of treatment, and the printed nameandinitials of the person performing the treatment. If provided for, charts or printout strips should be kept with the record as documentation. Additionally, documentation of the date and results of all verification tests using biological indicators is required.

I give assurance that the method indicated above will be used.

* Contact the Office of Environmental Health and Safety at (956) 326-2194 or by email at [safety@tamiu.edu](mailto:safety@tamiu.edu) or more information on disposal of hazardous materials or instructions regarding Select Agent disposal.

PART II

Agent Information

**Table A: Agent/Vector/Host characteristics**

In the table below, list each agent or materials potentially containing human pathogensthat will be used. Note the ID of the agent for later use in your application. If the agent is recombinant, pick “Yes” in the appropriate cell and enter insert information into Table B. Please note that if a vector is used to generate a recombinant host, both the vector and host need to be entered into Table A. If the agent is to be used with animals or plants give the species, otherwise enter “No”.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Genus, species** | **Strain** | **Risk Group**  **(pick)** | **BSL**  **(pick)** | **ABSL**  **(pick)** | **Recombinant?**  **(pick)** | **List all location IDs where agent will be used/stored** | **Use in Animals/Plants?**  **(give species)** |
| **-** | Example – *E. coli* | K-12 | RG-1 | BSL-1 | N/A | Yes | 1,2,3 | No |
| **A-1** |  |  |  |  |  |  |  |  |
| **A-2** |  |  |  |  |  |  |  |  |
| **A-3** |  |  |  |  |  |  |  |  |
| **A-4** |  |  |  |  |  |  |  |  |
| **A-5** |  |  |  |  |  |  |  |  |
| **A-6** |  |  |  |  |  |  |  |  |
| **A-7** |  |  |  |  |  |  |  |  |
| **A-8** |  |  |  |  |  |  |  |  |
| **A-9** |  |  |  |  |  |  |  |  |

**Table B: Insert characteristics**

In the table below, enter information about each vector or host DNA inserts. Enter the appropriate Host ID from Table A to indicate which host will contain the insert.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Host ID**  **(Table A)** | **Source of Insert**  **(e.g. human)** | **Insert Source Risk Group (pick)** | **Insert Name**  **(e.g. insulin)** | **Insert Characteristic or Function (e.g. hormone)** |
|  | Example | Human | RG-2 | Insulin | hormone |
| **I-1** | A- |  |  |  |  |
| **I-2** | A- |  |  |  |  |
| **I-3** | A- |  |  |  |  |
| **I-4** | A- |  |  |  |  |
| **I-5** | A- |  |  |  |  |
| **I-6** | A- |  |  |  |  |
| **I-7** | A- |  |  |  |  |
| **I-8** | A- |  |  |  |  |
| **I-9** | A- |  |  |  |  |

**Part III**

**Viral Vector Information**

* + Agent ID from Table A:
  + Is the virus replication competent? Yes  No
  + Are assay systems used to measure the titer of replication competent viruses that may be present?

Yes  No  If yes, please describe

* + What is the host range of the viral vector?
  + What percent of the original viral genome remains in the vector?
  + Describe the genome organization of the viral vector. Include information about what genes or genome regions have been removed.
  + The possibility of homologous recombination with endogenous viruses exists. Indicate the reversion rate and the recombination event of such a possibility. Describe methods you will use to ensure that replication competent viruses are excluded.

**Part IV Personnel Information**

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IBC #

**Personnel List**

*To be completed by the lab director (or PI) for personnel working on this project.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Action Type  Add – A  Delete – D  Modify- M | First Name | Last Name | Will personnel be associated with an Animal Use Protocol?  Yes – Y  No - N | List all organism(s) (Pathogens, Toxins, rDNA) employees will have access | Laboratory Buildings | Laboratory Rooms | Position Title and Email Address |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

**(Please reproduce this page as needed.)**

**Part IV Personnel Information**

FOR INTERNAL USE ONLY

IBC #

**Information Signature Page**

**Is the protocol a BSL 1 protocol? Yes  No**

**Only if “No” is checked, does this page need to be filled out**.

Each employee working in BSL2 and above laboratories must complete this page.

*Employees working in laboratories containing Select Agents may submit copies of training certificates instead of signature pages.*

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with       in laboratory building       and room(s)       under the direction of       .

I further certify that I understand the hazards of working with       ; the indications of infection or intoxication by this biological material; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety level       work, in accordance with the Biosafety in Microbiological and Biomedical Laboratories (BMBL) Guidebook and standard operating procedures for this laboratory.

Finally, I certify that any transfer of this biological material will be done in accordance with Texas A&M International University policies and regulations and under the supervision of the Texas A&M International Office of Environmental Health and Safety. In addition, I ensure that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Signature Date Laboratory director/Supervisor’s signature Date

Personnel Printed/Typed name, Position/Title Laboratory director/Supervisor’s Printed/Typed Name

Have you completed lab-specific training for this research? Yes  No

If yes, provide date of lab-specific training:

**(Please reproduce this page as needed.)**

**TRAINING**

**(FOR OFFICE USE ONLY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR** | | | | |
| IBC Member Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Initial Biosafety Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Bloodborne Pathogen Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Face-to-Face Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CO-INVESTIGATOR OR RESEARCH ASSISTANT** | | | | |
| IBC Member Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Initial Biosafety Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Bloodborne Pathogen Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Face-to-Face Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| **CO-INVESTIGATOR OR RESEARCH ASSISTANT** | | | | |
| IBC Member Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Initial Biosafety Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Bloodborne Pathogen Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Face-to-Face Training (if applicable): | Yes | No | Expiration Date: |  |

**PROTOCOL APPROVAL**

**(FOR OFFICE USE ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMINISTRATIVE (IBC CHAIR)** | | | |
| Approved: |  | Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL IBC COMMITTEE REVIEW** | | | | | |
|  | | | | | |
| Referred for Full Review: | |  | | Date: |  |
|  | | | | | |
|  | | | | | |
| Approved: |  | | | Date: |  |
|  | | | | | |
|  | | | | | |
| Minutes Attached: | | Yes  No | Date of Full Review: | |  |