



LIMR INSTITUTIONAL BIOSAFETY COMMITTEE (LIMR IBC)

PROTOCOL RENEWAL FORM

Principal Investigator Name: _____

Biosafety Protocol No.: _____

Biosafety Protocol Title: _____

Investigator Classification:

☐ BSL-1

☐ ABSL-1

☐ BSL-2

☐ ABSL-2

☐ BSL-2+

1. Are live animals involved in this research project? ☐ YES ☐ NO

**If yes, list the IACUC Protocol Number:* _____

2. List the current laboratory personnel who are involved in this study and indicate if they have been trained to safely conduct the procedures in the study. (*The required Biosafety Training can be completed by logging on to www.citiprogram.org and any questions regarding specific courses can be directed to the Office of Research Protections.*)

Name of Personnel

Trained

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

3. List personnel in your lab who are not involved in this study and indicate if they have informed of all risks involved in this work.

Name of Personnel

Notified

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

4. I foresee no changes to my protocol ☐ YES ☐ NO

NOTE: If no, an amendment or revised protocol must be submitted for any revisions



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RECERTIFICATION OF THE PRINCIPAL INVESTIGATOR

The following signature certifies that the Principal Investigator will continue to conduct this research in accordance with the policy and procedures of the Lankenau Institute for Medical Research Laboratory Safety Manual and the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules.

- ☐ I agree to comply with federal, state, and institutional requirements pertaining to handling, shipment, transfer, and disposal of biological materials.
- ☐ I agree to accept responsibility for the training of all personnel involved in this research and certify that all personnel have been trained. I agree to ensure all required training is completed for personnel in my laboratory.
- ☐ I understand that all changes in agents, procedures/practices, and facilities must be reported to the Institutional Biosafety Committee (IBC) and approval shall be obtained prior to implementation of these changes.
- ☐ I agree to no unauthorized uses of recombinant or synthetic nucleic acid molecules, microorganisms, select agents, biological toxins, regulated and particularly hazardous chemicals or deviation from an approved IBC protocol.
- ☐ I understand that IBC approval is required to obtain IACUC approval for studies using live vertebrate animals if recombinant or synthetic nucleic acid molecules, microorganisms, select agents, and/or biological toxins are involved.
- ☐ All protocol deviations must be reported to the IBC. A protocol deviation occurs when there is an inconsistency in a research study between the protocol that has been reviewed and approved by the IBC, and the actual activities being done.

When working with Synthetic or Nucleic Acid Molecules:

- ☐ I am aware of and have read the relevant sections of the *NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules*.
https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf
- ☐ I will report any significant problems, violations of the *NIH Guidelines*, or any significant research-related accidents and illnesses to the IBC within 2 business days of occurrence.
<https://osp.od.nih.gov/biotechnology/biosafety-and-recombinant-dna-activities/>

Principal Investigator (Printed Name)

Principal Investigator (Signature)

Date

Signature of Biosafety Committee Chairperson

Date

To be completed by ORA Personnel:

Training Verification Notes: