

CONTINUING REVIEW QUESTIONNAIRE
ACTIVITIES INVOLVING BIOHAZARDS
INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)

Highest BSL 1

Date: _____ Prior Approval Dates: _____

Title: _____

Principal Investigator: _____

Department: _____

To comply with University and Federal guidelines covering activities involving biohazards, an annual continuing review is necessary. Please check the appropriate answer to each question listed below and return the signed and dated form to Mandy Karper, amanda.karper@wright.edu. If you have completed this project and wish to close this protocol, please indicate below. If a response is not received within 30 days, we will assume that you do not need continuation of this approval, at which time the protocol will be closed and the IBC will be notified. For questions, contact Mandy at 937-775-3332.

- I. Do you wish to continue this protocol? ☐ yes ☐ no
If yes, please respond to items II.A. through II.D.
- II. A. Attach a one page summary of the biohazard use activities associated with this project during the past year.
Include all additional information that might be requested based on the response to the following questions:
- B. Do you have any associated protocols? yes* ☐ no ☐
- C. Since the last review, have there been any changes in leadership or responsibility? ☐ yes* ☐ no
- D. Since the last review, have there been any health or safety incidents? ☐ yes* ☐ no
- E. Since the last review, have all project personnel completed the appropriate training/refreshers? ☐ yes ☐ no*
- F. Since the last review, have you made any changes in procedure or protocol so as to modify:
- (i) The biohazard(s) being used? ☐ yes* ☐ no
- (ii) The experimental design (e.g., cell line host/vector, or experimental manipulations)? ☐ yes* ☐ no
- (iii) The biosafety level? ☐ yes* ☐ no
- G. The BSL cabinet(s) associated with this protocol was last certified on: _____

* Provide additional details in the summary

Principal Investigator's Signature: _____

Date: _____

Institutional BioSafety Committee (IBC)
Continuing Review Annual Summary

Please provide responses to each of the sections below.

A. Activities associated with this project during the past Year

| |
|--|
| |
|--|

B. Associated Protocols:

Human Subjects:

Animal Use:

Radiation Safety:

C. Description of any changes made by amendment over the past year (personnel, biohazards, procedural, Biosafety level, etc.)

D. Description of any health or safety incidents

| |
|--|
| |
|--|

E. List all current personnel and provide the requested information

| Personnel Name | Blood-Bourne Pathogen Date | Laboratory Safety Date |
|----------------|----------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |