

**Bryn Mawr College Institutional Biosafety Committee (IBC)
Continuing Review Form**

Please submit this form annually on the date of your IBC approval. The IBC may approve protocols for up to 3 years or when requested for grant renewals if the PI annually submits a Continuing Review Form that the IBC approves.

If significantly changing protocols, please submit the Protocol Registration Form.

Date :	
IBC Approval # :	
Project title / Course number :	
Principal Investigator :	
Department :	
Have there been any personnel changes since the last IBC approval (Yes/No) :	
If yes, please list the names, roles and responsibilities of new personnel :	

Project status (check one)	
Data collection ongoing and active :	
Data analysis only (data collection complete; data is being analyzed) :	
Activities are terminated (data collection and analysis complete) :	

Provide a 5–10 sentence summary of the purpose of the study.

Provide a 5–10 sentence update on the progress made in achieving the aims of the protocol.

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List the host-vector systems used :	
Have there been any adverse events or unanticipated problems since the last IBC approval of this activity (Yes/No) :	
If yes, describe the circumstances, including how they were resolved :	
If it was necessary per Section IV-B-7-e-(2) to report an incident to the NIH, please give the name of the person who submitted it and the submission date :	

Does your activity use	
Vertebrate animal models (Yes/No) :	
If yes, has it been approved by the IACUC :	
Human subjects in your research (Yes/No) :	
If yes, has it been approved by the IRB :	

By signing below, I certify that the answers provided on this form are complete and accurate. I certify that my activities have not deviated from the current IBC approved protocol. I certify that all protocol activities will take place in accordance with state and federal regulations and the regulations of Bryn Mawr College.

Signature of Principal Investigator _____

Date _____

Signature of Faculty/Staff Advisor _____
(if PI is not Faculty/Staff)

Date _____

For IBC use only:

Name of IBC Chair _____

Date received _____