

**Institutional Biosafety Committee
Clinical Trial Protocol Form**

IBC [D] # _____

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|-------------------------------------|--|
| Principal Investigator: | |
| Academic Title: | |
| Department and Mail Stop Code (MSC) | |
| Telephone number: | |
| Email: | |
| Project Title: | |
| IBC [Parent] # | |
| IRB Number: | |

Project Description (provide a brief summary of the proposed work in lay person's terms):

List specimens to be collected/handled:

Provide location of work (specify activity for each location):

Other Investigators [List all personnel working on this project and their experience pertinent to this application:

| Name of Personnel | Date of lab safety course completion |
|-------------------|--------------------------------------|
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NOTE TO INVESTIGATORS: This study may not be initiated until approved by the Institutional Biosafety Committee. Retain this form for your records.

Investigator: Print Name _____

Signature _____ Date: _____

The project has been reviewed and approved by the Institutional Biosafety Committee.

Authorized IBC Member: Print Name _____

Signature _____ Date: _____

IBC Chairperson: _____ Date: _____

Rev. 4/22