Institutional Biosafety Committee  
Clinical Trial Protocol Form  

**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:]**

<table>
<thead>
<tr>
<th>Name of Personnel</th>
<th>Date of lab safety course completion</th>
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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