SUNY-Downstate Medical Center-Institutional Biosafety Committee	
450 Clarkson Ave., Brooklyn, NY 11203	IBC Number
IBC Form 4 (use additional sheets as needed)	IRB NumberIACUC Number
	IACUC Number
If you want to continue your IBC Registration of biohazardous materials submit it to the IBC at least one month prior to the end of the current appropriate appropriate the last approval). If you want to terminate your use or material(s) at any time, complete this form and submit it to the IBC.	proval period (i.e., not more than
A. IDENTIFICATION	
1) Faculty member name: Tel 2) Department: Email:	
2) Department: Email:	
3) IBC Number:4) Identify biohazardous material(s):	
5) Project Title:	
☐ I request continued IBC approval of my use/possession of biolabove (Complete Sections C-E below, as appropriate). OR ☐ I request termination of IBC approval. Describe when and he identified above were disposed of:	
C. GENERAL INFORMATION	
1) Will the Faculty Member change? Yes No	
2) Will the Risk Group (RG) change? Yes No	
3) Will the Biosafety Level (BSL) change? ☐ Yes ☐ No	
4) Will the type or amount of biohazadous material change?	$\square_{\mathrm{Yes}} \square_{\mathrm{No}}$
5) Will the biohazardous material be moved to another laboratory?	$\square_{\mathrm{Yes}} \square_{\mathrm{No}}$
6) Will the use of the biohazadous material change?	$\square_{\mathrm{Yes}} \square_{\mathrm{No}}$
If the answer to any of the above questions (1-6) is Yes , you must submit Form 1 and/or IBC Form 2) to the IBC for approval before making any	t an amended Registration (IBC
D. ADVERSE EVENTS 1) Have any adverse events occurred since the registration approval or lapproval? 2) If so, was an adverse event form (IBC Form 3) submitted and appropried under the NIH Guidelines? Yes No	-

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E. CHANGES IN PERSONNEL

Add	Delete	Personnelname	Training Date	Responsibilities	Experience

F. CERTIFICATION

I certify that the above information accurately describes the current status of biohazardous materials that were previously approved by the IBC. I understand that I must resubmit a new Registration Form in the event my use of or amount of biohazardous material(s) changes or if I wish to begin using biohazardous material(s) again.

Print Name	Signature of Faculty Member	Date
Submit this completed Form t	o ibc@downstate.edu	
IBC Use Only		
Date Received:		
☐ Use/Possession Approved	☐ Use/Possession Disapproved	Termination Approved
Print Name IBC Signature		Date