

IBC Number \_\_\_\_\_  
IRB Number \_\_\_\_\_  
IACUC Number \_\_\_\_\_

**IBC Form 4 (use additional sheets as needed)**

**NOTICE OF CONTINUATION OR TERMINATION**

If you want to continue your IBC Registration of biohazardous materials, you must complete this form and submit it to the IBC at least one month prior to the end of the current approval period (i.e., not more than 11 months after the last approval). If you want to terminate your use or possession of biohazardous material(s) at any time, complete this form and submit it to the IBC.

**A. IDENTIFICATION**

- 1) Faculty member name: \_\_\_\_\_ Tel \_\_\_\_\_
- 2) Department: \_\_\_\_\_ Email: \_\_\_\_\_
- 3) IBC Number: \_\_\_\_\_
- 4) Identify biohazardous material(s): \_\_\_\_\_
- 5) Project Title: \_\_\_\_\_

**B. REQUEST FOR CONTINUATION OR TERMINATION**

☐ I request continued IBC approval of my use/possession of biohazardous material(s) described above (Complete Sections C-E below, as appropriate).

OR

☐ I request termination of IBC approval. **Describe when and how biohazardous material(s) 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 biohazardous material change? ☐ Yes ☐ No
- 5) Will the biohazardous material be moved to another laboratory? ☐ Yes ☐ No
- 6) Will the use of the biohazardous material change? ☐ Yes ☐ No

If the answer to any of the above questions (1-6) is **Yes**, you must submit an amended Registration (IBC Form 1 and/or IBC Form 2) to the IBC for approval before making any of these changes.

**D. ADVERSE EVENTS**

- 1) Have any adverse events occurred since the registration approval or last request for continuation approval? ☐ Yes ☐ No
- 2) If so, was an adverse event form (IBC Form 3) submitted and appropriate federal agencies notified, as required under the NIH Guidelines? ☐ Yes ☐ No

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### E. CHANGES IN PERSONNEL

| Add                      | Delete                   | Personnel name | Training Date | Responsibilities | Experience |
|--------------------------|--------------------------|----------------|---------------|------------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> |                |               |                  |            |
| <input type="checkbox"/> | <input type="checkbox"/> |                |               |                  |            |
| <input type="checkbox"/> | <input type="checkbox"/> |                |               |                  |            |

### 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 to the IBC Administrator. BSB, Room 9-006, or fax to 718 270-4095 or [ibc@downstate.edu](mailto:ibc@downstate.edu)

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IBC Use Only

Date Received: \_\_\_\_\_

☐ Use/Possession Approved

☐ Use/Possession Disapproved

☐ Termination Approved

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
IBC Signature

\_\_\_\_\_  
Date

☐ IBC-signed copy returned to Registrant.