

UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER
Institutional Biosafety Committee

FORM FOR RESUBMISSION OF AN IBC APPROVED PROJECT OR ITS SUBMISSION TO A DIFFERENT FUNDING SOURCE

FOR IBC USE ONLY

Date received: _____

Experiment class determination:

III-A	Requires IBC approval, RAC review and NIH Director approval before Initiation		
III-B	Requires NIH/ORDA and IBC approval before initiation		
III-C	Requires IBC and IRB approvals and NIH/ORDA registration before initiation		
III-D	Requires IBC approval before initiation		
III-E	Requires IBC notice simultaneous with initiation		
III-F1	NIH Exempt (BSL1)	III-F2 (BSL2)	
III-F3	IBC (BSL2)	N/A	

Biosafety level (BSL) required: BSL1 BSL2 BSL3 BSL4 N/A

Approved/Disapproved IBC #: _____

Date approved: _____

IBC signature: _____

This form may be used only for non-human protocols ***SUBSTANTIALLY IDENTICAL*** to a previously approved protocol, i.e., for resubmission or submission to a different agency. You need only provide information for details which differ (e.g., funding source, project title, etc.). If changes in any other item(s) occur(s), such as organism used, biosafety level or NIH classification, a completed *IBC Protocol Review/Approval Form* must be submitted. For changes to protocols involving the administration of microorganisms or biological toxins or the transfer of recombinant DNA molecules into one or more human research participants, submit a completed *IBC Human Protocol Approval Form: Gene Transfer, Microorganism/Virus/Toxin Administration*.

- Date(s) of previous submission(s): _____ IBC#: _____
- Reason for resubmission:
 - Grant revision/resubmission (a copy of the new project summary/abstract is needed)
 - Grant renewal (a copy of the new project summary/abstract is needed)
 - Submission of a previously approved protocol to a different funding agency (a copy of the new project summary/abstract is needed)
 - Project location change
 - Project modification (describe nature of modification): _____
- Funding agency: _____
- Dates of project: From: _____ To: _____
- Principal Investigator (PI) name and degree: _____
College/department: _____ Title: _____
- Co-Investigator name and degree (if applicable): _____
College/department: _____ Title: _____
- Campus address: _____ Phone: _____ Fax: _____
- Project title: _____
Original title if different: _____
- Biological usage(check all that apply): Microorganism/Virus Biological Toxin Recombinant DNA Transgenic/Knockout
- Biosafety level to be used: BSL1 BSL2 BSL3 BSL4
- Has the biosafety level changed? Yes No
- NIH Classification: III - A III - B III - C III - D III - E III - F N/A
- Has the NIH classification changed? Yes No N/A
- Has there been any modification to the SOPs Yes No
If yes to 10, 12 or 13, complete a new *IBC Protocol Review/Approval Form*
- Has the project location changed? Yes No
If yes, new location: _____
Biosafety level at new location: BSL1 BSL2 BSL3 BSL4

CERTIFICATION AND SIGNATURE:

The above information is accurate and complete. As Principal Investigator, I agree to comply with federal, state, and university requirements pertaining to registration, handling, shipment and transfer of microorganisms, recombinant DNA materials or biological toxins. If changes in any other item(s) occur(s), such as organism used, biosafety level or NIH classification, I understand that a completed *IBC Protocol Review/Approval Form* must be submitted.

Principal Investigator signature: _____

Date: _____

Co-Investigator signature (if applicable): _____

Date: _____

Please send this form and new project summary/abstract (if applicable) to the IBC Office, BMSB 207