

Alabama College of Osteopathic Medicine
Institutional Biosafety Committee
Annual Update/Modification Form



Name of Principal Investigator: _____

IBC Number: _____

Indicate below all of the reasons for submitting this form.

For each box checked, the corresponding section (will appear) must be completely addressed.

- | | |
|--|---|
| <input type="checkbox"/> Annual Update | <input type="checkbox"/> Biohazardous Material Modification |
| <input type="checkbox"/> Personnel Modification | <input type="checkbox"/> Location Modification |
| <input type="checkbox"/> Procedural Modification | <input type="checkbox"/> Termination |

Additional Details Below:

The determination of the IBC will be communicated to you in writing. Submission of this form to the Compliance Manager does not equal IBC approval. You may not implement any changes until you have received written notification of IBC approval.

Signature:

Date: