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The University of Texas at El Paso

**Institutional Biosafety Committee**

**Mid-Review Progress Report Form**

*Instructions:* Forms need to be completed and submitted via [IRBNet](http://www.irbnet.org/) on the 1st of every month. Submissions entered after the two weeks from the meeting date will be considered for review at the following meeting. Meeting dates are posted on the [IBC website](http://research.utep.edu/Default.aspx?tabid=58993). Any questions contact the IBC office at ibc@utep.edu.

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| 1. **Project Information:**
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| **Principal Investigator** |       |
| **Protocol Title:** |       |
| **Protocol #/IRBNet ID:** |       | Biosafety Level: |       |
| **Progress Report type:** | [ ]  Mid-Review  | Today’s Date: |       |

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| 1. **Type of Progress Report:**

*Check the box that best describes the reported changes (if any) for this 18-month period.* |

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| [ ]  | Progress report with no changes on protocol (*Complete remaining of form* ***EXCEPT Section E*)**  |
| [ ]  | Progress report with no protocol changes, except changes in personnel not including PI  (*Complete remaining form* ***EXCEPT Section E*** *AND fill out and attach a* [*Personnel Amendment Form*](http://research.utep.edu/Default.aspx?tabid=74752)) |
| [ ]  | Progress report with attached protocol to include amendments/changes  (*Changes in aims, new constructs, etc. complete the rest of the form* ***INCLUDING******Section E****. Attach a revised protocol with new information in red italicized font*)  |

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| 1. **Protocol Status:**

*Check the box that best describes the status of your project* |

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| [ ]  | Active: project begun and is ongoing |
| [ ]  | Currently inactive: inactive but anticipate to start or restart on: Date-       |
| [ ]  | Project never initiated: [ ]  Funding not received [ ]  Time Constraints [ ]  Other: Specify      *If the project was never initiated, would you like the IBC office to administratively close it?* YES [ ]  NO [ ]  |

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| 1. **Brief Summary:**

*In the section below describe in lay terms the original protocol summary including the goal(s) and/or aims, design and methods, expected outcome and any progress made in the last 18 months. (Not to exceed 1 page in length).* |

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| 1. **Progress Report Changes:**

*If you answer “yes” to any of the questions below, attach a revised protocol with new information in red italicized font* |
| **E1. Will the laboratory location(s), building(s), equipment, and/or room number(s) change?** | YES [ ]  NO [ ]  |
| **E2. Will your funding source change?** | YES [ ]  NO [ ]  N/A [ ]  |
| **E3. Will the objectives or scope change for the research?** | YES [ ]  NO [ ]  |
| **E4. Will any agent(s)/organisms/infectious material change?** | YES [ ]  NO [ ]  |
| **E5. Will you add or change your utilization of any biohazardous agents from what you specified in your approved protocol?** | YES [ ]  NO [ ]  |
| **E6. Will there be any changes in laboratory procedures that differ from your approved protocol?** | YES [ ]  NO [ ]   |
| **E7. Will your laboratory utilization of recombinant or synthetic nucleic acid molecules change from what you specified in your approved protocol?** | YES [ ]  NO [ ]  N/A [ ]  |
| **E8. Will your utilization of live animals in the research or teaching activity change from what you specified in your approved protocol?** | YES [ ]  NO [ ]  N/A [ ]  |
| **E.9 Will there be any changes in viral vectors, non-animal hosts, or insert sequences in the protocol?** | YES [ ]  NO [ ]  N/A [ ]  |
| **E10. If live animals are used in the research, will there be any changes in the animals used or the route of administration of the agent?** | YES [ ]  NO [ ]  N/A [ ]  |
| **E11. Will there be a change in the Risk Group category for the biohazardous agent(s) or material(s) utilized in the protocol?** | YES [ ]  NO [ ]  |
| **E12. Will there be a change in Biosafety Containment Level requirements for the biohazardous agents or materials utilized in this protocol?** | YES [ ]  NO [ ]   |
| **E13. Will there be changes or additions in the agents being shipped, transported, or received or the approved procedures for agent shipping, transporting, or receiving? If the change is limited to no longer shipping or transporting agents, there is no need to submit an amendment. All other changes require that an amendment be submitted.** | YES [ ]  NO [ ]  N/A [x]  |
| **E14. Will there be any other changes made to the project? (Please note most changes require the submission of a revised protocol with the new information in red italicized font)** | YES [ ]  NO [ ]   |

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| 1. **Protocol and Lab Safety**

*In this section, describe any laboratory accidents or injuries that occurred while conducting research under this protocol during this reporting period.* |
| **Within the last 18 months, were any individuals covered by this protocol injured or involved in a spill of biohazardous material or recombinant DNA REPORTED to the IBC/EH&S?** | YES [ ]  NO [ ]   |
| If yes, please describe:       |
| **Have there been any reportable incidents during the last year that HAVE NOT BEEN reported to the IBC/EH&S?** If yes, complete and attach the Injury Incident Report Form <http://research.utep.edu/Default.aspx?tabid=74752> AND please explain why the incident was not reported:       | YES [ ]  NO [ ]  |
| **Do you have a list/log of constructs created during the project?** | YES [ ]  NO [ ]  N/A [ ]  |
| **Will the list/log of constructs be available to the IBC upon request?** | YES [ ]  NO [ ]  N/A [ ]  |

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| **Acknowledgment of Responsibility** |
| **Principal Investigator Assurances-Conflict of Interest and Fiscal Responsibility** |
| Do you or any person responsible for the design, conduct, or reporting of this study have an economic interest in, or act as an officer or director of any outside entity whose financial interests may reasonably appear to be affected by this research? If yes, please explain any potential conflict of interest       | YES [ ]  NO [ ]   |
| Do you or any person responsible for this study have existing financial holdings or relationships with the sponsor of this study? If yes, please explain any potential conflict of interest       | YES [ ]  NO [ ]  N/A [ ]  |
| **Principal Investigator Certifications:** |
| **With this submission I certify that:**[ ]  The information provided or attached is accurate and complete[ ]  I am familiar with and agree to abide by provisions of the current NIH guidelines for Research Involving Recombinant DNA Molecules and accept the responsibilities listed in Section IV-B-7 [ ]  I accept responsibility for making sure all laboratory personnel involved in the project have been appropriately trained. [ ]  I will ensure that all research personnel are familiar with and understand the potential hazards and relevant biosafety practices, techniques, and emergency procedures associated with this research protocol as dictated by the CDC and NIH document, Biosafety in Microbiological and Biomedical Laboratories (BMBL), 5th Edition (<http://www.cdc.gov/biosafety/publications/bmbl5/index.htm>[ ]  I further certify that I will immediately report any injuries or spills that occur while conducting research covered by this IBC protocol to the UTEP Biosafety Officer (747-7124) and the IBC Chair (747-6889) or IBC Coordinator (747-6056) |