

**Institutional Biosafety Committee  
Clinical Trial Protocol Form**

**IBC [D] # \_\_\_\_\_**

Principal Investigator:	
Academic Title:	
Department and Mail Stop Code (MSC)	
Telephone number:	
Email:	
Project Title:	
IBC [Parent] #	
IRB Number:	

**Project Description (provide a brief summary of the proposed work in lay person's terms):**

**List specimens to be collected/handled:**

**Provide location of work (specify activity for each location):**

**Other Investigators [List all personnel working on this project and their experience pertinent to this application:**

Name of Personnel	Date of lab safety course completion

**NOTE TO INVESTIGATORS:** This study may not be initiated until approved by the Institutional Biosafety Committee. Retain this form for your records.

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

The project has been reviewed and approved by the Institutional Biosafety Committee.

Authorized IBC Member: \_\_\_\_\_ Date: \_\_\_\_\_

IBC Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_