

**Institutional Biosafety Committee
Clinical Trial Protocol Form**

IBC# _____

Principal Investigator:	
Academic Title:	
Department and Mail Stop Code (MSC)	
Telephone number:	
Email:	
Project Title:	
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: _____