

IBC Protocol Closure Form

IBC Office (ibc@bu.edu) 85 East Newton Street, Room 810

Principal Investigator (PI) Name

Associate Investigator/s (AI) If any

1. PROTOCOL TO BE CLOSED

IBC Protocol Title

IBC Protocol Number

Effective Date to Close Protocol

Building and Room Number

Biological materials

2. DISPOSITION OF THE MATERIALS

Do you currently have, please check:

2.1. any of the biological materials listed in the protocol Yes: No:

2.2. any samples containing any of the biological materials listed in the protocol Yes: No:

If yes, to either question:

2.3. Do you plan to retain any of the biological materials listed on the protocol:

No

Please describe how you plan to dispose of the materials [Note: materials must be disposed of prior to the closure of the existing protocol]:

Yes Please complete the appropriate section below:

I plan to submit a new application for their possession

I plan to transfer the biological materials to the following protocols

PI Name

IBC Protocol Number

Infectious Agent(s)

Storage Location (Room Number)
of Infectious Agent(s)

3. LABORATORY DECONTAMINATION

3.1. Have the following items been decontaminated?

Equipment as applicable:

Biosafety Cabinet

Incubator

Centrifuge

Freezer, Refrigerator

Other: Identify

3.2. Indicate decontamination procedures:

3.3. State when decontamination was completed: Date

3.4. State if biohazardous waste has been disposed: Yes: No:

PI Signature

Date

AI Signature (If any)

Date

Note: A representative from Environmental Health & Safety (OEHS) will contact you to follow up on completion of the IBC Protocol Closure Process.