UNIVERSIDAD CENTRAL DEL CARIBE
Institutional Biosafety Committee

## FORM FOR ANNUAL RENEWAL OF PREVIOUSLY APPROVED PROTOCOLS

| | |
|---|---|
| **Protocol Identification Number:** | |
| **Name of PI:** | |
| **Department:** | |
| **Lab Number:** | |
| **Telephone:** | |
| **E-mail:** | |

| Title of the Project | Funding Source |
|---|---|
| | |

**Describe changes in procedures to the original project. Specify the names of new personnel, biological or chemical agents used, how they will be handled and disposed. Attach information to this page.**

**1. Changes in Biological Agents**:** Yes ☐ No ☐

**2. Changes in Chemical Compounds**:** Yes ☐ No ☐

**3. Changes in Procedures**:** Yes ☐ No ☐

**4. Changes in Location:** Yes ☐ No ☐

**5. Changes in Personnel:** Yes ☐ No ☐

**6. Changes in Title:** Yes ☐ No ☐

****These are major modifications. Please complete the Institutional Biosafety Committee Protocol Evaluation Form and/or Chemical Safety Committee Protocol Evaluation Form as appropriate.**

**Signature of Investigator:**_____ **Date:**_____

| | |
|---|---|
| **For office use only** | **Approved** ☐<br>**Not Approved** ☐ |
| **Signature Compliance Officer:** _____ | |
| **Date:** _____ | |