

**TEXAS WOMAN'S UNIVERSITY**  
**INSTITUTIONAL BIOSAFETY COMMITTEE**  
Annual Continuation Form:  
**Recombinant DNA and Biohazardous Agent Research**

**To be submitted each year by October 5.**

**Principal Investigator:**

**Department:**

**Phone:**

**E-mail:**

**Project Title (if applicable):**

**Funding Agency (if applicable):**

**IBC approval number:**

**Please check the appropriate response.**

- ☐ The proposed research has been completed and all Recombinant DNA/ Biohazardous Agents have been destroyed.
- ☐ The proposed research is continuing without modification.
- ☐ The proposed research is continuing with minor modification ***If so, please explain briefly below.***

**NOTE:** Please be aware that substantial modifications require a new application.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair, Associate Dean, or Director

\_\_\_\_\_  
Date

Continuation Number: \_\_\_\_\_

Biosafety Level: \_\_\_\_\_

Signature of TWU IBC Chair: \_\_\_\_\_

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