



INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)

IBC Event Form

Application For Reporting Biosafety Events

Instructions for Submitting the Report

This form is used for reporting protocol deviations and adverse events. Reports need to be submitted as soon as possible after the PI learns of the event. Serious events need to be submitted within 24 hours.

I. ADMINISTRATIVE DATA

A. Project Title: _____

B. IACUC Approval #: _____

C. Department: _____

D. Principal Investigator Information:

PI Name (must be faculty): _____ Email Address: _____

PI Department Address: _____ Zip: _____

Campus Phone #: _____ Other Phone: _____

II. EVENT REPORT

A. Type of Report

Indicate the type of report that you are filing. (Protocol Deviation or Adverse Event)

B. Date of the Event

Provide the date of the event.

C. Personnel Involved

Name(s) of personnel involved:

Name(s)	Position

D. Location of Event

Indicate location where event occurred.

E. Description of Incident

Describe the incident or non-compliance with NIH Guidelines or significant research-related accident/illness. Has this incident affected study results?

F. Exposure Risk

Provide an explanation on the exposure risk to people, animals and the environment.

G. Medical Attention

Describe the medical attention provided to exposed/injured individuals.

H. Federal Funding

If the project has federal funding, please provide the title of the grant application and the grant funding number. If this does not apply, please put "N/A".

I. Materials Involved

Provide the recombinant DNA involved. Include the vector type (e.g., adenovirus), vector subtype (e.g., type 5) and relevant genomic alterations made (e.g., additions, deletions, inactivation without deletion) where applicable.

J. Corrective Actions

Describe below the corrective actions implemented or planned to prevent future incidents.

K. Provide Details

Please provide any pertinent details.