



Rush-Presbyterian-St. Luke's Medical Center
Institutional Biosafety Committee

CONTINUING REVIEW CERTIFICATION APPLICATION

Please complete this form, sign and return it to the Office of Research Affairs, 544 AcFac.
If you have any questions, contact the Office of Research Affairs by phone at 942-5498, fax
942-2874 or in person in Room 544 Academic Facility.

ORA#:
INVESTIGATOR: _____
DEPARTMENT/INSTITUTE/SECTION:
EMAIL ADDRESS/PHONE/FAX:
TITLE:

CONTACT PERSON:
EMAIL/ADDRESS/PHONE/FAX:

Please indicate below if any changes have occurred in:

- recombinant DNA
 - infectious agents
 - containment: BL I BL II BL III BL IV
 - contaminated waste disposal
 - bloodborne pathogen
 - no changes
- Explain below:

INVESTIGATOR ASSURANCE:

The information given in response to the questions in this application is accurate.

Principal Investigator	Date of bloodborne pathogen training
Other personnel involved in study	Date of bloodborne pathogen training
Other personnel involved in study	Date of bloodborne pathogen training
Other personnel involved in study	Date of bloodborne pathogen training
Other personnel involved in study	Date of bloodborne pathogen training

For IBC Use Only

Approved by Authorized IBC Official