



## IBC Protocol Closure Form

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Principal Investigator (PI) Name

Co-Investigator/s (Co-I) If any

### 1. PROTOCOL TO BE CLOSED

IBC Protocol Title	IBC Protocol Number	Effective Date to Close Protocol
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Building and Room Number	Biological materials
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### 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:

[Redacted area for decontamination procedures]

3.3. State when decontamination was completed: Date

[Redacted area for completion date]

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

[Redacted area for PI Signature]

PI Signature

[Redacted area for Date]

Date

[Redacted area for Co-I Signature]

Co-I Signature (If any)

[Redacted area for Date]

Date

**Note:** Contact Environmental and Occupational Health & Safety (EOHS) at 330-972-6866 or Email [EOHS@uakron.edu](mailto:EOHS@uakron.edu) a copy of this form. The Laboratory Safety Officer will contact you to follow up on completion of the IBC Protocol Closure Process.