

**Winston-Salem State University  
Institutional Biosafety Committee  
Continuing Review or Termination of IBC Approval Form**

<b>Date:</b>	<b>Study Title:</b>
<b>Principal Investigator:</b>	
<b>IBC Number:</b>	
<b>Date of Continuing Review OR Date Completed:</b>	

**Action requested by Principal Investigator:**

**Continuing Review** (if the research is continuing, please review instructions on page 2):

**Terminate Approval**

**Comments or Additional Information:**

**In a few sentences, describe the past year's work, and describe what you plan for the upcoming year, including data analysis, if relevant:**

**I certify that there have been no changes to the proposal or to the Application for the use of Biohazardous Materials, Infectious Agents and Recombinant DNA previously approved under the above Application Number.**

**Investigator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**IBC Chairperson's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit this form and summary report, if applicable,  
to:**

Vernon Shanks, Interim Compliance Officer  
Office of Sponsored Programs  
C117 Anderson Center  
Winston-Salem State University  
Winston-Salem, NC 27110  
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