

<b>INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)</b>
<b>CLOSURE FORM</b>

For closures of registrations, please complete this notification form and submit to: [biosafety@uwosh.edu](mailto:biosafety@uwosh.edu) or Office of Grants and Faculty Development, 214 Dempsey Hall. Please note that IBC registrations do not require continuing review and therefore do not have assigned expiration dates. It is good practice for the PI to notify the IBC when they plan to close out any active registration.

**Principal Investigator (PI):** \_\_\_\_\_

**Protocol #:** \_\_\_\_\_ **Project Title:** \_\_\_\_\_

**Protocol Approval Period**      **Start Date:** \_\_\_\_\_      **End Date:** \_\_\_\_\_

**Please check one of the following:**

- Project/activity was never conducted. Please close the file. (Sign form)
- Project/activity is complete. Please close the file. (Answer questions in Section A and sign form)

**Section A: Project Summary** (This section is required for completed projects)  
**Please provide a brief summary of the project (attach additional pages if necessary):**

**Signature:** An electronic signature is acceptable when submitting to [biosafety@uwosh.edu](mailto:biosafety@uwosh.edu) from a UW Oshkosh email account.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty Advisor (if applicable)

\_\_\_\_\_  
Date

**IBC Use Only Below This Line**

**Date:** \_\_\_\_\_ **Status:**  Closed

**Comments:** \_\_\_\_\_