# IBC Permit Closure Form

**Principal Investigator/Instructor Information**

PI Last Name: Last name PI First Name: First name

PI Department: Select department

Title of the Project: Project title

Permit #: Permit #

### Table 1. Agent Disposition Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Agent #** | **Agent** | **Will samples be disposed?** | |
| # | Agent | Yes# | No## |

To add another row: Click on a row, then click the blue plus sign on the right.

# If “Yes”, complete Table 2.

## If “No”, complete Table 3.

**Table 2. Methods to Dispose of Materials**

|  |  |  |
| --- | --- | --- |
| **Agent** | **Material Type** | **Method** |
| Agent | **Liquids** | Bleach (10% for 30 minutes) |
| Ethanol (70% for 30 minutes) |
| Autoclave (*121°C (250°F) for 1 hour per gallon*) |
| Other (specify method(s)) Describe other methods for disposal |
| **Solids** | Autoclave (*121°C (250°F) for 1 hour*) |
| Other (specify method(s)) Describe other methods for disposal |
|  |  |  |

To add another row: Click on a row, then click the blue plus sign on the right.

**Table 3. Transfer of Materials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agent #** | **Agent** | **Transfer to IBC Holding Protocol\*** | **Donate to A&M-SA colleague**  ***\*\*Requires approved IBC protocol\*\****  **(Signature required below)** | **Donate to external colleague\*\*\*** |
| # | Agent |  | Recipient/IBC Permit # | Recipient/Institution |

To add another row: Click on a row, then click the blue plus sign on the right.

**\*** If transferring to an IBC holding protocol, complete Table 4. Provide justification for transferring the samples to a holding protocol. Please keep in mind the IBC can only hold samples for 90 calendar days. This may be extended at the discretion of the IBC Chair, BSO, DRC or IO. Include a plan to transfer the samples out of the holding protocol. Please note that no experiments may be performed nor can culture can be maintained under a holding protocol. No work can be undertaken using the materials in the holding protocol until IBC approval has been obtained.

\*\*If donating to an A&M-SA colleague, list the recipient’s name and their approved IBC permit #.

\*\*\* If donating to an external colleague, a Materials Transfer Agreement (MTA) is also required. Please contact the IBC ([ibc@tamusa.edu](mailto:ibc@tamusa.edu)) to obtain the MTA form.

**Table 4. Holding protocol justification and Plan**

|  |  |
| --- | --- |
| **Agent** | **Justification and Plan** |
| Agent | Justification and plan |

To add another row: Click on a row, then click the blue plus sign on the right.

**Table 5. Results**

|  |
| --- |
| List what has resulted from this research (publications, presentations, thesis etc.) |
| Results |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Date |  | PI’s Name |
| Signature of PI |  | Date |  | PI’s name (typed) |
|  |  | Date |  | A&M-SA Recipient Name |
| Signature of A&M-SA Recipient  (as referenced in Table 3) |  | Date |  | A&M-SA Recipient’s name (typed) |
|  |  | Date |  | PI’s Chair’s Name |
| Signature of PI’s Chair |  | Date |  | PI Chair’s Name (typed) |

Approved by;

|  |  |  |
| --- | --- | --- |
|  |  | Select date |
| Sign above, enter name here ,IBC Chair or designee |  | Date |