

**Bryn Mawr College Institutional Biosafety Committee (IBC)  
Continuing Review Form**

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|---|--|
| <b>Date :</b>   |  |
| <b>IBC Approval # :</b>   |  |
| <b>Project title / Course number :</b>  |  |
| <b>Principal Investigator :</b>   |  |
| <b>Department :</b>   |  |
| <b>Have there been any personnel changes since the last IBC approval :</b>          |  |
| <b>If yes, please list the names, roles and responsibilities of new personnel :</b> |  |

e purpose of the **Project** status

**Provide a sentence update on the progress made in achieving the aims of the protocol.**

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