

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

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

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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