



Biological Use Authorization (BUA) – Continuing Review Form

Project Title:

Principal Investigator (Last, first) _____ **Ext.** _____
Co-Investigator / Study Director _____ **Ext.** _____
Co-Investigator / Study Director _____ **Ext.** _____

Project Status

Request Protocol Continuance

- A. **Active** – project ongoing
1. No changes are planned and the project will continue as previously approved by the Biosafety Committee.
 - a. Please provide a summary (approximately 1 page) of work done since last BUA submission, including any relevant findings that affect risks (e.g. dosing change) and any problems encountered.
 2. Changes are planned. Please provide a summary (approximately 1 page) of work done since last BUA submission, including any relevant findings that affect risks (e.g. dosing change) and any problems encountered.
 - i. Fill out second page of this Review form for Personnel Change only.
 - ii. BUA Amendment Application Form for minor modifications.
 - iii. New BUA Application Form for significant modifications.
 3. Other. Provide a brief explanation.
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- B. **Currently Inactive** – project was initiated but is presently inactive.
1. No changes are planned and the project will continue as previously approved by the Biosafety Committee.
 2. Changes are planned. Provide a full description and justification for the proposed changes. (A copy of the BUA Amendment Form can be provided by Biosafety Committee).
 - i. Fill out second page of this Review form for Personnel Change only.
 - ii. BUA Amendment Application Form for minor modifications.
 - ii. New BUA Application Form for significant modifications.
 3. Other. Provide a brief explanation.
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- C. **Inactive** – project never initiated but anticipated start date is _____.
1. No changes are planned and the project will continue as previously approved by the Biosafety Committee.
 2. Changes are planned. Provide a full description and justification for the proposed changes. (A copy of the BUA Amendment Form can be provided by Biosafety Committee).
 - i. Fill out second page of this Review form for Personnel Change only.
 - ii. BUA Amendment Application Form for minor modifications.
 - ii. New BUA Application Form for significant modifications.
 3. Other. Provide a brief explanation.
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- D. Request BUA Termination (Please sign bottom of form and return it to Biosafety Committee).
1. Project never initiated.
 2. Project initiated but project has not/will not be completed.
 3. Project has been completed, no further activities with biological agents will be used.

Project Personnel: Have there been any personnel/staff changes since the last BUA approval (including Amendments) was granted? No Yes (If yes, please fill out the table below or use Amendment Form).

Table 1: Addition of personnel

Name	Employee #	Phone	For use by Biosafety only	
			Medical surveillance current and appropriate?	Training current and appropriate?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Table 2: Deletion of personnel

Name

Please certify the following statement from the original BUA by signing below:

“The Principal Investigator will ensure that listed personnel have received or will receive appropriate training in safe laboratory practices and the procedures for this protocol *before any work begins* and at least annually thereafter. In addition, all listed personnel who have occupational exposure to bloodborne pathogens will take an online bloodborne pathogen training sessions conducted by SMU.

Principal Investigator _____ Date _____
 (sign)

 (print name)

Approval

Biosafety Chair _____ Date _____