

AMENDMENT FORM

1. PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator:

Position/Title:

Department/College:

Office/Cell Phone #:

Email Address:

Current IRBNet Protocol #:

Project Title:

2. PURPOSE OF AMENDMENT REQUEST

This application is used to request changes in biological materials and/or methods and procedures associated with the IBC protocol specified above. It is also used to request a change in the Principal Investigator (PI) responsible for work under that protocol. If the proposed amendment is extensive, you may need to submit a new protocol. Indicate the purpose(s) of this request by checking the box(es) that apply.

- Source of DNA
- Host
- Vector
- Experimental use of recombinant DNA
- Containment SOP
- Biological material
- Use of hazardous agents (chemical, radiological, etc.)
- Add/Delete Personnel
- Change of Principal Investigator
- Experimental Procedures or specific aims
- Change in storage or location
- Other – please describe:

3. AMENDMENT

3.1. BIOLOGICAL MATERIALS

3.1.1. Are there changes in the biological materials?

- Yes No

Institutional Biosafety Committee (IBC)

- Provide SOP's which cover the changes or explain how the SOP's originally submitted will be adapted for the changes in the changes in the project.
- Provide updated protocols relevant to the changes in recombinant DNA work and other biohazardous work.

3.2. SPECIFIC AIMS

3.2.1. Provide a brief synopsis of changes in the specific aims for the project:

3.3. OTHER CHANGES

3.2.1. Are there any additional changes in the project including changes to the location of the work or storage of biological materials?

Yes No

3.2.2. Provide a brief description of these changes:

3.4. PERSONNEL

3.4.1. Are there any changes (addition or deletion) to personnel on this project?

Yes No

Institutional Biosafety Committee (IBC)

TABLE 3.4.A. REMOVAL OF PERSONNEL

Provide the names of personnel no longer on the project.

To add additional personnel, attach a separate document.

NAME	FINAL DATE OF INVOLVEMENT

TABLE 3.4.B. ADDING PERSONNEL

To add additional personnel, attach a separate document.

NAME	COMPLETED TRAINING	ROLE IN PROJECT

Please briefly describe the training plan for lab members who lack experience in handling biological materials below. Include who will lead the training and the practices and techniques that will be taught.

Institutional Biosafety Committee (IBC)

IBC EDUCATION: I confirm that all individuals working on this protocol have completed the required CITI Complete Biosafety Training and maintain valid (within 4 years) certification.

EH&S EDUCATION: I confirm that all individuals working on this protocol have completed the required DU Environmental Health and Safety Laboratory Safety Training.

Occupational Health and Safety: I confirm that all individuals listed on this protocol as working with biological hazards have completed the Occupational Health Review Form or will be required to do so before being permitted to begin work in the lab.