

AMENDMENT FORM

1. PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator: [Click here to enter text.](#), [Click here to enter text.](#)

Position/Title: [Click here to enter text.](#)

Department/College: [Click here to enter text.](#)

Office/Cell Phone #:

Email Address: [Click here to enter text.](#)

Current IRBNet Protocol #:

Project Title: [Click here to enter text.](#)

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 (If selected, complete [Appendix B](#)).
- 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: [Click here to enter text.](#)

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.

3.1.2. If animal models are used (including vertebrates or invertebrates), please complete the following:

- Type of animal:
 Vertebrate
 Invertebrate
- Are any animals genetically modified (transgenic, gene edited, or recombinant), including purchased or lab generated?
 Yes No

If YES, briefly describe:

- Nature of modification
- Whether modification affects pathogenicity, transmissibility, or environmental persistence
- Containment level (ABSL if applicable)
- Do manipulated animals pose additional hazards (e.g., shedding biological material, increased virulence)?
 Yes No

If YES, describe containment and mitigation measures.

[Click here to enter text.](#)

3.2. SPECIFIC AIMS

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

[Click here to enter text.](#)

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:

[Click here to enter text.](#)

3.4. PERSONNEL

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

Institutional Biosafety Committee (IBC)

 Yes No

TABLE 3.4.A. REMOVAL OF PERSONNEL

Provide the names of personnel no longer on the project.
[Click here to enter text.](#)

To add additional personnel, click on the + at the end of each box.

NAME	FINAL DATE OF INVOLVEMENT
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.

TABLE 3.4.B. ADDING PERSONNEL

To add additional personnel, click on the + at the end of each box.

NAME	COMPLETED TRAINING	ROLE IN PROJECT
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.

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.
[Click here to enter text.](#)

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.

