



OOB USE ONLY

IBC #: [Click or tap here to enter text.](#)

Continuing Review #: [Click or tap here to enter text.](#)

Date received: [Click or tap to enter a date.](#)

Amendment Form to Biosafety Protocol

Instructions

(Failure to follow these instructions may result in delays in processing)

Principal Investigators must use this form to notify the IBC of changes in biological materials and/or methods or procedures in a previously IBC-approved protocol.

What should I include in the Amendment submission?

- Amendment Form (this form)
- Revised IBC Initial Submission Forms (Part I-IV) that indicate revisions.

By submitting this form, the Principal Investigators (PIs) and research staff attest:

- 1) They have read and reviewed this Amendment;
- 2) The information submitted is accurate;
- 3) No changes have been or will be implemented until the amendment is approved (unless necessary to eliminate apparent immediate hazards); and
- 4) All changes requested are included in relevant attached supporting documents.

After completing this form, submit this form via email to the IBC Mailbox: ibc@tamuct.edu.

For questions, email the Chair of the IBC at ibc@tamuct.edu or contact the Office of Research in Shoemaker Founder's Hall, Room 418, or the Assistant VP for Research and Innovation at murphyw@tamuct.edu.



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IBC Overview

IBC #: Click or tap here to enter text.

Maestro # (if funded): Click or tap here to enter text.

Principal Investigator Name: Click or tap here to enter text.

Project title: Click or tap here to enter text.

BSL Level:

BSL-1

BSL-2

Animal BSL: ABSL-1

ABSL-2

Type of Changes

Select what changes you are proposing. If making multiple changes, select all that apply.

- Source of DNA
- Host
- Vector
- Experimental use of recombinant DNA
- Containment SOP
- Biological material
- Experimental Procedures/specific aims
- Use of hazardous agent (chemical, radiological, etc.)
- Change in storage or location
- Add/delete personnel (skip to Personnel change section)
- Change of Principal Investigator (complete Personnel change section if new PI not on prior protocol)
- Other: Click or tap here to enter text.

Rationale for Changes

1. Provide a detailed description for why the changes are needed:

Click or tap here to enter text.

2. Does the change affect Risk Group or BSL Level previously assigned? Yes No

2a) If yes, please provide an explanation.

Click or tap here to enter text.

Confirm changes are reflected in revised study documents to be included with this amendment form.



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Personnel Change

- Deleting Research Staff.** Fill in the information below for departing staff.
To add additional staff, click inside the bottom right corner of the last row, then click on the + that displays at the end of the row.

Name of Departing Staff	Date Last Active on Study
Click or tap here to enter text.	Click or tap to enter a date.

- Adding Research Staff:**

If adding staff,

- Fill in the information in the table below for new research staff.
To add additional staff, click inside the bottom right corner of the last row, then click on the + that displays at the end of the row.

Researcher's Name	Department	Responsibilities	CITI Training Complete?	Occupational Health Enrolled?	Conflict of Interest
Click or tap here to enter text.	Choose an item.	<input type="checkbox"/> Handling Biohazards materials <input type="checkbox"/> Handling Animals exposed to biohazardous materials <input type="checkbox"/> Shipping biohazardous materials <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (if protocol is (BSL-1))	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Describe qualifications of research personnel or attach CVs. See attached CVs
Click or tap here to enter text.