**Personnel Change Request Form**

FOR INTERNAL USE ONLY

IBC #

**Personnel List**

*To be completed by the lab director (or PI) for personnel working on this project.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Action Type  Add – A  Delete – D  Modify- M | First Name | Last Name | Will personnel be associated with an Animal Use Protocol?  Yes – Y  No - N | List all organism(s) (Pathogens, Toxins, rDNA) employees will have access | Laboratory Buildings | Laboratory Rooms | Position Title and Email Address |
|  |  |  |  |  |  |  |  |
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**(Please reproduce this page as needed.)**

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**Information Signature Page**

**Is the protocol a BSL 1 protocol? Yes  No**

**Only if “No” is checked, does this page need to be filled out**.

Each employee working in BSL2 and above laboratories must complete this page.

*Employees working in laboratories containing Select Agents may submit copies of training certificates instead of signature pages.*

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with

      in laboratory building       and room(s)       under the direction of       .

I further certify that I understand the hazards of working with       ; the indications of infection or intoxication by this biological material; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety level       work, in accordance with the Biosafety in Microbiological and Biomedical Laboratories (BMBL) Guidebook and standard operating procedures for this laboratory.

Finally, I certify that any transfer of this biological material will be done in accordance with Texas A&M International University policies and regulations and under the supervision of the Texas A&M International Office of Environmental Health and Safety. In addition, I ensure that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Signature Date Laboratory director/Supervisor’s signature Date

Personnel Printed/Typed name, Position/Title Laboratory director/Supervisor’s Printed/Typed Name

Have you completed lab-specific training for this research? Yes  No

If yes, provide date of lab-specific training:

**(Please reproduce this page as needed.)**

**TRAINING**

**(FOR OFFICE USE ONLY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR** | | | | |
| IBC Member Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Initial Biosafety Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Bloodborne Pathogen Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Face-to-Face Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CO-INVESTIGATOR OR RESEARCH ASSISTANT** | | | | |
| IBC Member Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Initial Biosafety Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Bloodborne Pathogen Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Face-to-Face Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| **CO-INVESTIGATOR OR RESEARCH ASSISTANT** | | | | |
| IBC Member Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Initial Biosafety Training: | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Bloodborne Pathogen Training (if applicable): | Yes | No | Expiration Date: |  |
|  |  |  |  |  |
| Face-to-Face Training (if applicable): | Yes | No | Expiration Date: |  |

**PROTOCOL APPROVAL**

**(FOR OFFICE USE ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMINISTRATIVE (IBC CHAIR)** | | | |
| Approved: |  | Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL IBC COMMITTEE REVIEW** | | | | | |
|  | | | | | |
| Referred for Full Review: | |  | | Date: |  |
|  | | | | | |
|  | | | | | |
| Approved: |  | | | Date: |  |
|  | | | | | |
|  | | | | | |
| Minutes Attached: | | Yes  No | Date of Full Review: | |  |