**Institutional Biosafety Committee**

FOR INTERNAL USE ONLY

IBC #

**IBC Protocol Amendment**

**Protocol Title:**

Please indicate the type of changes you are proposing to the approved IBC Protocol:

Agent(s)/Organism(s)

Procedure(s)

Biological Safety Level (BSL) Change. (If there is any change in BSL level, you need to submit a new application.)

Rooms

Funding (Please attach copies of the grant proposal being added to the approved IBC Protocol)

Personnel - Please submit a Personnel Change Request Form Separate from this form

Other

\* Please note that upon review of the proposed changes, the IBC may request that additional information be submitted. If additional revised parts of the registration document are required, you will be asked to submit this information within thirty (30) days of the request.

In terms understandable to a non-scientist, please provide a detailed description of the proposed changes to the existing Protocol. This description should provide the goal(s), methodology, and use of biohazardous or recombinant material. If you are adding agents, please fill out Part II, Agent Information on the IBC Protocol Application form.

**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: |  |