

Institutional Biosafety Committee
ibc@tarleton.edu
 Box # T-0015
 (254) 968-1647



Amendment Form

Check which sections apply to this amendment. Complete those sections, justifying where applicable.

IBC Protocol Number: _____

Date Form Completed: _____

Project Title: _____

Principal Investigator: _____

Building/room # office: _____

Department: _____

Campus: Stephenville Fort Worth

Email Address: _____

Telephone #: _____

Grant Title: _____ Maestro Number: _____

Does this change represent a significant change of the scope of work? Yes No

Does this represent a Potential Conflict of Interest? Yes No

Check all modifications that are applicable to this request.

Protocol Status Change:

- Change of protocol information
 Terminate protocol, work is complete
 Terminate protocol, work will not be completed

- A. Change in Research Facilities**
If yes fill out the tables on page 2 of this form.
- B. Change in Biohazard (mammalian, human, or plant)**
If yes fill out the tables on page 2 of this form.
- C. Change in bacterial strain or cell lines.**
If yes fill out the tables on page 2 of this form.
- D. Request to transition to storage only**
- E. Request for change to approved procedures.**
- F. Changes to the biosafety level**
If yes explain why the change is necessary below.
- G. Are changes in containment procedure anticipated?**
- H. Change in source of rDNA, host or vector.**
If yes, fill out [Part II: Agent Information](#) Table B and page 2 of this form
- I. Change in Host-Vector**
If yes, fill out [Part II: Agent Information](#) Table A and page 2 of this form
- J. Change in personnel?**
If yes, fill out [Part IV: Personnel Information](#)

If your answer is YES to any of the above, please provide a description of the proposed changes on page 3 of this form.

ASSURANCE

I attest that the information contained in this IBC Amendment Request Form is accurate and complete. I agree to comply with all requirements pertaining to the use, handling, storage and disposal of hazardous materials and recombinant DNA molecules as outlined in my approved IBC application and this amendment request.

 Signature of the Principal Investigator

 Date

Agent use and storage locations.

Enter building name and room number. Pick campus, room use, current biosafety level and shared lab status from the drop down menu. If laboratory is shared, please indicate the Principal Investigator

Location ID	Campus	Building	Room Number	Room Use (Storage/Use)	Current Biosafety Level	Shared Lab?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Which Sections of the *NIH Guidelines* does research described in this protocol fall (pick all that apply for each agent):

Table A ID	Agent Genus, species	Strain	BL/ABSL/BL-P	Sections of the <i>NIH Guidelines</i> that covers experiments (pick all that apply)
A-1				
A-2				
A-3				
A-4				
A-5				
A-6				
A-7				
A-8				
A-9				

Please provide a description of the proposed changes.

A large empty rectangular box with a thin black border, intended for providing a description of the proposed changes.