**This form is for the addition of agents, materials, locations, techniques, or protocols. New materials and agents must be in the same or lower biosafety risk group as the original protocol. Any changes made using this form must be updated in your registration using track changes and be submitted along with this document. Please ensure to provide justification and rational for the requested change. Submit amendments by email to** [**Biosafety@uml.edu**](mailto:Biosafety@uml.edu)**.**

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| --- | --- | --- | --- |
| Principal investigator: |  | IBC number: |  |

Nature of Change(s): Check all that apply and explain.

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| Title | New title only: |
| Research Project | Studies to be added:  *NOTE: This is for use of the same materials and procedures but for a different research project.* |
| Personnel | Names of those added:       Training Types and Dates for each person:  Names of those Deleted: |
| Material(s) | **rDNA/Vector(s) added**. List vector(s) and provide information about gene inserts (name and biological function and indicate if product is oncogene, immunomodulator or toxin):       and describe the in vitro and in vivo biocontainment:    **rDNA/Vector(s) removed**. List and provide in vitro and in vivo biocontainment.  **Infectious Agent(s) added.** List agent added and in vitro and in vivo biocontainment:    **Infectious Agent(s) removed.** List agent removed and in vitro and in vivo biocontainment:  **Human or Non-human primate source material added.** List cell line(s) added and research material added to protocol:    **Human or Non-human primate source material removed.** List cell line(s) removed and research material removed from protocol:  *NOTE: These material(s) must be for same biosafety risk group and BSL as already approved.* |
| Site Change | Location to be Added:       Location to be Deleted: |
| Other | Explain: |

Are there any changes in procedures or biohazard precautions? Yes  No

If yes, explain briefly:

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| PI Assurance:  PI-check here if submitted electronically from the PI’s email | Date: |

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| For IBC Use Only: | |
| ☐ Insufficient information  Requires committee review  Sufficient information for BSO/meeting chair approval | Amendment No.:  Approved by:  Date Approved:  Biosafety Level Assignment: |