 For IBC Use Only: Biosafety Level Assigned:

Date Received/Approved:

Amendment No.:

Approved by:

**Institutional Biosafety Committee**

**Minor Amendment Form**

**This form is only to add agents or materials in the same biosafety risk group as previously approved.** A new registration form must be submitted to add new material from a different biosafety risk group or to change procedures, location, technique, or protocols from those originally approved. Submit amendments by email to [biosafetyofficer@uml.edu](mailto:biosafetyofficer@uml.edu) or fax 978-934-6012.

Principal Investigator:

Original IBC Registration No.:

Date of Last Amendment:

Original Registration Title:

Original Biosafety and Risk Group Level (Check):  RG1  RG2

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

|  |  |
| --- | --- |
| 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:

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