 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 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:      |