**Amendment or Modification to Previous IBC-approved Protocol**

**Name of PI:** PI **IBC permit #** Permit #

|  |
| --- |
| **FOR INTERNAL USE** |
| **New version #:** New # | **Date:** Date |

All forms must contain a version number as well as date.

When submitting an amendment, version and date MUST BE UPDATED from last approved protocol and a clean copy of the previously approved protocol submitted to the IBC.

Please indicate the type of changes you are proposing to the approved IBC Permit. Check all that apply.

|  |
| --- |
|[ ]  Agent(s)/Organism(s) |
|[ ]  Procedure(s) |
|[ ]  Biological Safety Level (BSL) Change. (Note: If the level is changing from BSL1 to BSL 2, you may be asked to submit a new application.) |
|[ ]  Rooms |
|[ ]  Funding (Please attach copies of the grant proposal being added to the approved IBC Permit) |
|[ ]  Personnel - Please submit a Personnel Change Request Form Separate from this form (see Part IV: Personnel Information) |
|[ ]  Other (List below) |

Describe “Other”

|  |
| --- |
| Describe “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 permit (below). This description should provide the goal(s), methodology, and use of biohazardous or recombinant material. Please write this section at a 8th grade reading level.

|  |
| --- |
| Describe proposed changes |

If you are adding agents, please fill out Part II - Agent Information Form (next page).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of PI | Date |
|  |  |  |
| Signature of submitting party (if different from PI) | Date |

# PART II: Agent Information

## Table A: Agent/Sample Type/Vector/Host Characteristics

* In the table below, list each agent, vector (e.g. plasmid), host, or sample type that will be used. Note the ID of the listing for later use in your application.
* If the agent is recombinant, list “Yes” in the appropriate cell and insert information into Table B.
* Note that if a vector is used to generate a recombinant host, both the vector and host need to be entered into Table A.
* If the agent is to be used with animals or plants, give the species, otherwise enter “No”.
* For samples only: known pathogens in the sample should be included here; potential pathogens in the sample do not need to be included here, but they should be addressed in main technical description.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Genus/Species** | **Strain** | **Risk Group** | **Biosafety Level** | **Animal Biosafety Level** | **Recombinant?****(Yes/No)** | **List location(s) where agent will be****(From Part 1 Sec. E)** | **Used in animals/plants****(list species)** |
| **Used** | **Stored** |
| - | Example- *E. coli* | K-12 | RG-1 | BSL-1 | N/A | Yes | 1 | 1, 2, 3 | NA |
| **A-#** | Enter genus/species | Enter strain | Select RG | Select BSL | Select ABSL | Select Y/N | Enter location | Enter location | Enter species |

To add another row: Click on a row, then click the blue plus sign on the right.

##  Table B: Insert Characteristics

* In the table below, enter information about each **DNA insert expressed/cloned**.
* Enter the appropriate Host ID from Table A to indicate which host will contain the insert.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Host ID****(Table A)** | **Source of Insert (e.g. human)** | **Insert Source Risk Group** | **Insert Name (e.g. insulin)** | **Insert Characteristic of Function (e.g. hormone)** |
|  | **Example** | Human | RG-1 | Insulin | Hormone |
| **B-#** | **A-#** | Enter insert source | Select RG | Enter insert name | Enter insert function |

To add another row: Click on a row, then click the blue plus sign on the right.

# PART IV: Personnel Information

**Personnel List.**  All A&M-SA employees and students (graduate or undergraduate) who work in the lab space included in this application must be listed here, even if they are not on this project. (Please note if someone listed is not on the project.) In the case of a shared lab space with another faculty member, an IBC Shared Space form must also be included.

***Note****: Students in a teaching lab course will complete training given by the instructor and sign a lab safety agreement to be kept by the teaching lab manager.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Action Type** | **First Name** | **Last Name** | **UIN****(or J/K number for students)** | **Will personnel be associated with an AUP\*****Y/N** | **List all organisms (pathogens, toxins, rDNA) employees will have access.** | **Lab Buildings** | **Lab Rooms** | **Position Title** | **Employee email** **address** | **Active on this protocol?** |
| Select action | First name | Last name | UIN | Select Y/N | Enter organisms | Select building | Enter room | Enter position/title | Enter University email | [ ]  Yes | [ ] No |

To add another row: Click on a row, then click the blue plus sign on the right.

\*AUP – Animal Use Protocol (from IACUC)

**Confirmation of Training**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last name** | **First name** | **UIN** | **CITI-Initial** | **CITI-Basic Intro** | **TAMUSA-BBP** | **BSL-2** | **Occ Health Enrollment** | **Comment (optional)** |
| Last name | First name | UIN  |[ ]  Yes |[ ]  Yes |[ ]  Yes |[ ]  Yes |[ ]  Yes | Comment |
|  |  |  |[ ]  No |[ ]  No |[ ]  No |[ ]  No |[ ]  No |  |
|  |  |  |[ ]  N/A |[ ]  N/A |[ ]  N/A |[ ]  N/A |[ ]  N/A |  |

To add another row: Click on a row, then click the blue plus sign on the right.