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| **FOR COMMITTEE USE ONLY** IBC#  Approved  Not Approved  IBC Chair/BSO  Date Review Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



Florida Atlantic University

Institutional Biosafety Committee

Addendum/Modification Registration Form

**Complete this application if there are changes to your research project involving rDNA, infectious agents, human material and biological toxins. If the proposed addendum/modification changes the overall scope or intent of the project, it is considered a major change and a new IBC registration form must be completed**.  **For questions, please contact the BSO at 297-0028.**

Principal Investigator Phone

Department Fax

IBC# E-mail

Project Title

Project Type: 🞎Biological Agent 🞎 Human Cell Lines/Blood 🞎 rDNA 🞎 Other

Type of Change/Modification:

|  |  |
| --- | --- |
| 🞎 Project Personnel  🞎 Project Location  🞎 Biological Agent/rDNA  🞎 Change in Procedures | 🞎 Laboratory Equipment  🞎 Change in Title  🞎 Change in Funding Agency  🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Description of Modification:

Reason for Modification:

List Personnel Changes:

|  |  |  |
| --- | --- | --- |
| Name | Job Title | Status |
|  |  | 🞎 Add 🞎 Delete |
|  |  | 🞎 Add 🞎 Delete |
|  |  | 🞎 Add 🞎 Delete |

As Principal Investigator, I hereby certify that all laboratory staff will be given the protocols that describe potential biohazards

and precautions to be taken while working on this project and will attend compliance safety training and follow FAU policies.

Principal Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send completed form to:** [**researchintegrity@fau.edu**](mailto:researchintegrity@fau.edu)