Institutional Biosafety Committee

**IBC REGISTRATION ADMINISTRATIVE AMENDMENT FORM**

|  |  |
| --- | --- |
| IBC Number: |  |
| Date of Approval:  |  |
| IBC Chair/BSO Signature:  |  |

This amendment form is to be used for administrative types of requests for modifications of IBC protocols. Types of requests supported by this form include: Personnel Changes, Change in Title and Change in Funding Source. For other modifications, such as changes or additions in procedures, agents, etc. Please utilize the IBC Registration Biological Materials Modification Form.

1. **PI Information:**
2. Name: Click here to enter text.
3. Position/Title: Click here to enter text.
4. Department/College: Click here to enter text.
5. Office/Cell Phone #: Click here to enter text.
6. Email address: Click here to enter text.
7. Project Title/Number: Click here to enter text.
8. **Type of Change Requested:**

[ ]  Personnel Addition/Deletion (Proceed to Section 3)

[ ]  Principal Investigator change (Proceed to Section 3)

[ ]  Title Change (Proceed to Section 4)

[ ]  Funding Source Addition/Deletion (Proceed to Section 5)

1. **Personnel Addition/Deletion**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Status** |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Add [ ]  Delete  |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Add [ ]  Delete |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Add [ ]  Delete |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Add [ ]  Delete |

Are additional personnel up to date on training?

[ ]  No [ ]  Yes

1. **Title Change**

Previous Title: Click or tap here to enter text.

New Title: Click or tap here to enter text.

1. **Funding Source Addition/Deletion**

|  |  |  |
| --- | --- | --- |
| Deleted Funding Source | Title: Click or tap here to enter text. | Grant #: Click or tap here to enter text. |
| New Funding Source  | Title: Click or tap here to enter text. | Grant #: Click or tap here to enter text. |
| Additional Funding Source | Title: Click or tap here to enter text. | Grant #: Click or tap here to enter text. |

[ ]  **ACKNOWLEDGMENT AND AUTHORIZATION:** The information provided in this document is accurate to the best of my knowledge. I agree to abide by the provisions set forth in this plan as approved by the FAU IBC. I accept responsibility for providing training for all lab personnel involved in the research project described before commencement of work. I authorize individuals listed on this application to conduct procedures involving biological materials and I accept responsibility for their oversight in the conduct of this proposal.



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

P.I. (Signature) Date

Click here to enter text.

P.I. (Printed Name, Credentials)