



Biosafety Protocol Amendment

Wright State University
Research and Sponsored Programs

For BSO use only:

Amendment No.: _____

Date Received: _____

IBC No. _____

☐ This application contains proprietary/confidential information (Please attach a justification statement and any relevant documentation).

Associated IRB# _____ Associated AUP# _____ Associated RS# _____

Title: _____

Principal Investigator

Principal Investigator Name: _____

Job Title: _____

Department: _____

Phone: _____ Email: _____

Statement of Responsibility: I accept responsibility for the safe conduct of work with the agents described in this application. The information in this application is accurate and complete.

(Signature and date of Principal Investigator)

Biosafety Officer

I have reviewed this amendment and found it to be suitable for IBC review:

(Signature and date of Biosafety Officer)

Current Project Information

What is the current level of biocontainment?

☐ BSL-1

☐ BSL-2

☐ BSL-2+

☐ BSL-3

Is the current project exempt from the *NIH Guidelines*?

☐ Yes

☐ No

Amendment Type

What type of change is requested? (check all that apply)

☐ Personnel

☐ Procedure

☐ Biohazardous agent

☐ Biosafety level

☐ Animal use

☐ Human subject use

☐ Project Location (from/to): _____

☐ Other: _____

PI Name: _____

Describe personnel removals in the Narrative Section below.

List NEW Personnel Only (use additional sheet if necessary)

1. Name:	Role:	email:
Hazard Com training:	Lab Chemical Safety Date:	
Signature:	BBP Date:	Biosafety training:

2. Name:	Role:	email:
Hazard Com training:	Lab Chemical Safety Date:	
Signature:	BBP Date:	Biosafety training:

3. Name:	Role:	email:
Hazard Com training:	Lab Chemical Safety Date:	
Signature:	BBP Date:	Biosafety training:

4. Name:	Role:	email:
Hazard Com Date:	Lab Chemical Safety Date:	
Signature:	BBP Date:	Biosafety training:

5. Name:	Role:	email:
Hazard Com Date:	Lab Chemical Safety Date:	
Signature:	BBP Date:	Biosafety training:

Save and Rename form to email to Personnel for their signatures.

Do any of the above personnel additions represent a change in leadership? ☐ Yes ☐ No
If yes, please explain in narrative.

Narrative Section. Please provide a complete description of the protocol change. Include enough detail to allow for an accurate risk assessment (similar to the types of information requested on the original application). Amendments with insufficient information may cause delays in the review process. Attach additional sheets as necessary.

IBC Documentation of Review

Review Start Date:

Responding Committee Members

Committee Member	Determination	Comments

Biosafety Officer Signature

IBC Chair Signature