



# Biosafety Protocol Amendment

Wright State University  
Research and Sponsored Programs

<b>For BSO use only:</b> Amendment No.: _____ Date Received: _____
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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: _____ Title: _____ WSU username (e.g. w001xyz): _____ Department: _____ Address: _____ Phone/Fax: _____ Email: _____  <u>Statement of Responsibility:</u> 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)
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## 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? <input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> BSL-2+ <input type="checkbox"/> BSL-3
Is the current project exempt from the <i>NIH Guidelines</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Amendment Type

What type of change is requested? (check all that apply) <input type="checkbox"/> Personnel <input type="checkbox"/> Procedure <input type="checkbox"/> Biohazardous agent <input type="checkbox"/> Biosafety level <input type="checkbox"/> Animal use <input type="checkbox"/> Human subject use <input type="checkbox"/> Project Location (from/to): _____ <input type="checkbox"/> Other: _____
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PI Name: \_\_\_\_\_

Describe personnel removals in the Narrative Section below.  
**List NEW Personnel Only (use additional sheet if necessary)**

1. Name:	username:	Title:
BBP Date:	Lab Safety Date:	
Signature:	Date:	Contact:

2. Name:	username:	Title:
BBP Date:	Lab Safety Date:	
Signature:	Date:	Contact:

3. Name:	username:	Title:
BBP Training Date:	Lab Safety Date:	
Signature:	Date:	Contact:

4. Name:	username:	Title:
BBP Date:	Lab Safety Date:	
Signature:	Date:	Contact:

5. Name:	username:	Title:
BBP Date:	Lab Safety Date:	
Signature:	Date:	Contact:

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.