**Radford University Institutional Biosafety Committee**

**Registration Amendment Request Form**

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| **Registration Title** |  |
| **Principal Investigator Name** |  |
| **Today’s Date** |  |
| **Proposed Amendment Date *(please allow 2 weeks for the IBC to review your amendment request if administrative, and up to 4 weeks if a change in project scope is required)*** |  |

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| --- | --- |
| **Type of Amendment** | **Details** |
| **□Change in Principal Investigator (PI)** | **Are you adding an additional PI? YES/NO****Name of new PI:** |
| **Are you replacing the current PI? YES/NO****Name of new PI:** |
| **□Change in Laboratory Personnel** | **Are you adding new lab staff? YES/NO****Name of new lab staff:** |
| **Are you removing lab staff? YES/NO****Name of lab staff to be removed:** |
| **□Change in Laboratory Location**  | **Are you adding a new room? YES/NO****New room number(s):** |
| **Are you removing a room? YES/NO****Room number(s) to remove:** |
| **□Change in Project Scope / Goals** | **Is this a change in experimental methods? YES/NO****If yes, please describe:** |
| **Is this a change in biohazardous materials? YES/NO****Does it involve human and/or NHP materials? YES/NO****If yes, please describe:****Does it involve recombinant or synthetic nucleic acid molecules? YES/NO****If yes, please describe:****Does it involve biohazardous agents? YES/NO****If yes, please describe:****Does it involve animals, plants or insects? YES/NO****If yes, please describe:****Is the scale of work increasing? YES/NO****If yes, is it >10 liters per vessel? YES/NO**  |
| **Will any of the above change the biosafety level? YES/NO****If yes, what is the new biosafety level? BSL1/BSL2/BSL2+** |
| **Is any new medical surveillance or vaccinations required based on the change? YES/NO****If yes, please describe:** |
| **Will any new equipment be utilized? YES/NO****If yes, please describe and include room number(s):** |
| **□Change in Hazard Control Plans**  | **If yes, please attach updated documents** |
| **□Other changes not described above** | **If yes, please describe:** |

**For IBC Use Only:**

**Date of Approval:**

**Signature of IBC Chair:**

**Comments:**