

INSTITUTIONAL BIOSAFETY COMMITTEE
MODIFICATION REQUEST FORM

Instructions: Please submit this form to biosafety@uwosh.edu using your UW Oshkosh email account for user authentication. Please submit an electronic copy of the revised IBC Application Form along with this form for review. Modifications affecting the scientific research or teaching activity will be reviewed by the IBC at a convened meeting.

Principal Investigator (PI): _____

Protocol/Registration #: _____ Title: _____

Protocol approval period: Start Date: _____ End Date: _____

1. Please review your approved protocol and check ALL of the categories of amendments you are requesting:

Modifications by Administrative Review

- Room Change
- Personnel Change (not change in PI) * Please attach training completion reports for new personnel
- Grammatical changes, typos, change in study title, change to funding source, or updates to contact information for PI or research personnel

Modifications by Full Committee Review

- Change in Principal Investigator * Please attach training completion reports for new personnel
- Change to research design, methods, or procedures
- Change in species, organisms, host, vector, or donor species
- Change in nature of the DNA segment or gene selected or change to the insert or protein expressed
- Change in source(s) of biohazardous materials
- Change in PPE used
- Addition of or change in health risks to personnel
- Increase in Risk Group or Biosafety Level
- Other, explain:

2. Please describe the change(s) that you are proposing and the sections of the application that have been updated. Please attach a revised IBC Application along with this Modification Request Form to reflect the current protocol in which you intend to follow.

3. Please justify the reason(s) you are requesting the changes.

4. Are any of the proposed changes the result of something that occurred during an unexpected incident?

- Yes No

If yes, please explain:

(Note: All adverse events or unanticipated events must be reported to the IBC within 72 hours of the event. Please submit an *IBC Incident Report*, found at www.uwosh.edu/grants/forms)

5. How will the proposed changes have an impact on the health risks to the PI, research personnel, students, or others who will be working with or near the materials listed in this protocol?

- By checking this box and printing my name below, I agree to conduct the project in accordance with the federal

Office of Grants and Faculty Development

NIH Guidelines and relevant institutional IBC policies. I will not implement the above changes until IBC approval is granted.

Signature of PI: _____ **Date:** _____

IBC Use Only Below This Line

Date: _____ **Status:** Approved Not Approved

Reviewed By: _____ IBC Administration Full Committee Review

Reviewer Comments: _____