UNIVERSITY OF TOLEDO
INSTITUTIONAL BIOSAFETY COMMITTEE
research.utoledo.edu

RSP605 (05/07)

AMENDMENT REQUEST FOR IBC APPROVED RECOMBINANT DNA/BIOHAZARD RESEARCH

INSTRUCTIONS: Requests involving proposed changes in the level of containment must include a revised protocol and will be reviewed as a new application/protocol.

CHANGES MUST NOT BE INITIATED PRIOR TO APPROVAL UNLESS SIMULTANEOUS IBC NOTIFICATION AND INITIAION OF RESEARCH IS PERMITTED UNDER NIH GUIDELINES SECTION III-e*

IBC #: _____

Title of Project: _____

Principal Investigator: _____ Rocket #: R _____

Department: _____ Office Phone: _____ Home Phone: _____

Campus: Select one

Grant/Contract Funding:

Active Grant Title: _____
UT Acct. # _____
Does this change represent a significant change of the scope of work? ☐ Yes ☐ No
Does this represent a Potential Conflict of Interest* ☐ Yes ☐ No

Active Grant Title: _____
UT Acct. # _____
Does this change represent a significant change of the scope of work? ☐ Yes ☐ No
Does this represent a Potential Conflict of Interest* ☐ Yes ☐ No
*As outlined by the UT COI policy.

Does this request involve:

a.	Change(s) in personnel or their status?	☐ YES*	☐ NO
b.	Addition of new project (s) under current protocol?	☐ YES	☐ NO
	If this includes the introduction of material into live animals IBC Form RSP604 must be completed.		
c.	Change(s) in containment procedures to a lower biosafety level?	☐ YES	☐ NO
d.	Change(s) to the source of DNA, host or vector?	☐ YES	☐ NO
e.	The use of more than 10 liters of material containing rDNA?	☐ YES	☐ NO
f.	Change(s) in biohazard (mammalian, human or plant?)	☐ YES	☐ NO
g.	Change(s) in location of research?	☐ YES	☐ NO
h.	Change(s) in procedures?	☐ YES	☐ NO

If your answer is YES to any of the above, please provide a description of the proposed changes below (if more than one change is being initiated, please itemize the changes and indicate the corresponding letter):

*****Provide the names of the individuals to be added or removed from the research protocol. Verify that each individual added to the protocol has completed Safety and Health Training. Also by signing below you certify that you will train the individuals in the safe handling of the material according to the approved protocol.

Add	Remove	S & H Training Complete	Personnel Role+	Name	Rocket #
☐	☐	Select one	Select one		R#
☐	☐	Select one	Select one		R#
☐	☐	Select one	Select one		R#
☐	☐	Select one	Select one		R#
☐	☐	Select one	Select one		R#

+For example: co-investigator, technician, student, graduate research assistant, and research associate

Signature: _____ **Date:** _____ _____

Principal Investigator (Per signature not acceptable)

Printed Name: _____

Return completed applications to: **IBC Coordinator – Institutional Biosafety Committee**
Research and Sponsored Programs
HSC: CCE 2102 - Mailstop 1020
MC: U-Hall 2300 - Mailstop 944

UT IBC Office Use Only:		
PROTOCOL AMENDMENT ADDITION(S) APPROVED / DELETION(S) NOTED		
Signature of Chair/Vice Chair, IBC	Date	Training Completed