

**West Texas A&M University
Institutional Biosafety
Committee**

Amendment Form

IBC Protocol Number:

IBC Protocol Title:

Last Name:

First Name:

Department:

College:

Campus Mail Stop:

Office Location:

Building:

Room Number:

Office Phone:

Laboratory Phone (If applicable):

After-Hours/Emergency Phone:

Email:

Changes Requested

Personnel

Agent(s)/Organism(s)

Procedure(s)

Building/Room Location

Biological Safety Level (BSL)

Funding (submit copies of applicable grant proposals)

Other

***Please note that upon review of the proposed changes, the IBC may request the submission of additional information. Requested information must be submitted within thirty (30) days of the request or the amendment will be withdrawn. All persons listed as personnel additions must complete all required training prior to submitting this amendment, otherwise it will be withdrawn.*

Description of proposed changes. Provide a detailed description of the proposed changes to the existing protocol using the same level of detail requested in the original IBC Protocol Application.

Principal Investigator Assurance: I ensure that all information included in the amendment is accurate. My laboratory personnel will be trained on all of the modifications included in the amendment.

Date:

Principal Investigator (*Printed*):

(*Signature*):