

Amendment of Protocol

For Changes in Protocols Involving the Use of Biohazardous Material in Research

Illinois State University _____

Environmental Health and Safety
 Campus Box 1320
 Normal, IL 61790-1320

All research protocols at Illinois State University involving biohazards must be submitted to the Institutional Biosafety Committee (IBC) for review. Biohazards are defined as agents infectious to humans, animals or plants; recombinant DNA; and other genetically altered organisms and agents. When any revision to an approved research protocol is desired, an amendment must be filed with the IBC. This amendment of protocol form must be completed indicating the changes. This form should also explain what changes have been made and the rationale for the change. Additional information may be attached, as necessary. The IBC will notify the PI of the approval, disapproval or if modifications need to be made regarding the amendment.

Amendments to approved protocols may not be initiated until IBC approval has been obtained. The IBC reserves the right to determine whether proposed changes are substantive and to request further information or a new protocol submission, as appropriate. This amendment of protocol form must be completed indicating the changes.

Investigator: _____
 Department: _____
 Project title: _____
 Protocol #: _____
 Date: _____

Proposed Changes:

Please mark all that apply. List changes from the previously approved protocol and provide sufficient rationale for each change to allow the IBC to make a decision. The IBC may not be familiar with all vectors, the nature of DNA or hosts, please provide sufficient identification, nature and background for the IBC to make an adequate review. Use additional pages if necessary.

- _____ Termination of Protocol _____
- _____ Investigator _____
- _____ Other Personnel (Complete table below) _____
- _____ Location of Work (Building & room #) _____
- _____ Name of Agent _____
- _____ Host Range _____
- _____ Physical Containment _____
- _____ Source of DNA _____
- _____ Nature of DNA _____
- _____ Host _____
- _____ Risk Group _____
- _____ Vector _____
- _____ Procedures (Explain and submit changes in writing) _____
- _____ Other _____

Name	Yrs. Experience	Responsibilities	Position	Staff Signature

Signature of PI (On Protocol) _____
 Signature of PI (Amended) _____

IBC Approval _____
 Approval Date: _____