**Project Amendment**

 **Date:**

**Institutional Biosafety Committee** **Protocol Number:**

|  |
| --- |
| **Directions:** |

* There is no limit to the number of amendments a single investigator can submit, nor are there limitations as to how often the original application is updated, but please note that a significant change in scope (e.g. adding agents or toxins that are subject to the NIH Dual Use Research of Concern policy) may require that a new application be submitted.
* If you need assistance filling out this form, please contact the NAU Biological Safety Office at biosafety@nau.edu, (928) 523-7268 or (928) 523-4782.
* Submit the completed application electronically to biosafety@nau.edu, by mail (Biological Safety Office, PO Box 4073). Retain a copy of your completed application for your records.

|  |
| --- |
| **Section 1: General Information**  |

Principal Investigator:       Title:

Department:       Campus Address:

Primary Work Phone Number:       Email:

|  |
| --- |
| **Project Title:**      **Project Type**: [ ]  Recombinant/Synthetic DNA [ ]  Biological Agent [ ]  Transgenic Animal [ ]  Acute Toxin |

|  |
| --- |
| **Section 2: Description of Change** |

1. Type of Change:

[ ]  Add new project personnel [ ]  New methodology

[ ]  Change project location [ ]  Scale up

[ ]  Terminate project [ ]  Delete project personnel

[ ]  Add new constructs, organisms, agents, toxins or hosts [ ]  Other

1. Describe change(s); provide any updated manuals and SOPs:

1. Reason for change(s):

1. If applicable, provide the name(s) of project personnel to be deleted:

1. If applicable, identify all new personnel. By signing, they agree that will be involved in the project described above, and that they are familiar with and agree to abide by the current NAU and federal guidelines.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | [NIH Guidelines rDNA](https://nau.edu/nau-research/research-safety-and-compliance/environmental-health-and-safety/safety-programs/biological-safety/) Training/Quiz Date | [Biosafety and/or Bloodborne Pathogens](https://nau.bioraft.com/raft/training/courses) Training/Quiz Date | BBP Hepatitis B Vaccination Status(Circle One) | Signature | Date Signed |
|       |       |       | Declination form or vaccinated |  |       |
|       |       |       | Declination form or vaccinated |  |       |
|       |       |       | Declination form or vaccinated |  |       |
|       |       |       | Declination form or vaccinated |  |       |

1. If applicable, please **attach a map** of, and provide details about, the new vector/construct(s).

|  |
| --- |
| **Section 3: Principle Investigator’s Acknowledgement of Responsibilities** |

By signing below, I certify that I have read the following statements and agree that I and all listed personnel on my IBC protocol and amendments will abide by the statements, as well as all policies and procedures governing the use of infectious agents, recombinant DNA, and other biohazardous materials, as outlined by NAU policies and applicable federal regulations.

I am responsible for:

* + ensuring the information provided in this application is complete and accurate.
	+ obtaining approval from the IBC before proceeding with rDNA or biohazardous work.
	+ ensuring that anyone who enters my laboratory practices appropriate biosafety precautions.
	+ ensuring that all listed participants conducting this work have received or will receive appropriate training in safe laboratory practices and procedures for this protocol before work begins on this project.
	+ ensuring that anyone working in or having access to spaces where this project is conducted is instructed on the hazards associated with this project. The IBC or EHS staff may review my records documenting the training or instruction of personnel.
	+ complying with the requirements pertaining to the shipment and transfer of biohazardous materials.
	+ reporting to the Biosafety Officer immediately any spill of biohazardous material, containment equipment failure, and/or any deviation in procedures, which may result in potential exposure of laboratory personnel and/or the public to biohazardous material.
	+ reporting to the Biosafety Officer immediately should an employee become ill and/or exhibit symptoms and signs consistent with an infection caused by an organism associated with my research.
	+ following all the applicable guidelines as approved for this protocol.
	+ submitting in writing a request for approval from the IBC of any significant modifications to the protocol.

Electronic Signature of the

Principle Investigator:        Date:

|  |
| --- |
| By typing your name you are submitting an electronic signature that confirms your understanding and adherence to the above statements and IBC policies. |