



For significant changes to the original project, please submit a full application.

A modification must be approved by the IBC prior to the initiation of the modified protocol.

Principal Investigator	Department E-mail	Phone
Department	Address: City, State, Zip	
Project/Grant Title		
Alternative Title		
2 nd Alternative Title		
Funding Source	Modification request date	Protocol Number

Type of Submission: Title change or title addition only (*Complete page 1 only*)
 Modification to ongoing project
 Project has ended

- I certify that the information provided in this form is complete and accurate and consistent with any proposal(s) submitted to external funding agencies.
- I agree that modifications to the originally approved project will not take place without prior review and approval by the appropriate committee(s), and that all activities will be performed in accordance with all applicable federal, state, local, and University of Georgia policies.
- I will follow applicable biosafety level requirements, comply with all shipping requirements and required waste management practices.
- I will ensure that all personnel have appropriate training including but not limited to: biosafety principles and techniques, accidental spills, shipping regulations, proper handling of biohazardous materials and waste management.
- I am aware that the IBC reserves the right to conduct inspections of the research facilities at any time.

Signature of Principal Investigator	Date
Signature of IBC Chair or BSO	Date

For each individual to be added to this protocol, please indicate the date the following training was completed. If the training is not applicable, please enter N/A. [Proficiency documentation](#) is required for individuals (other than the PI and Co-PI) working in any microbiological lab. In addition, bloodborne pathogen training (UGA Right to Know: Bloodborne Pathogens Training available on [PEP](#)) is required for all individuals working with human-derived materials or non-human primate-derived materials. Personnel names will automatically populate to reflect the key personnel table.

Name	Proficiency documentation submitted?		Date of Bloodborne Pathogen Training (if required)
	Yes	No	

Are there any changes in organisms or toxins used? Yes No
 If yes, please list the organism or toxin changes below.

Organism/Toxin

Add	Delete	
Add	Delete	
Add	Delete	
Add	Delete	

Are there any changes in the Biosafety Level? Yes No
 If yes, please summarize below or in an attachment.

For experiments using recombinant DNA, are there changes in any of the following?

If yes, please provide sufficient identification and background information to the IBC to make an adequate review. **If adding vectors, please submit vector maps in addition to this modification form.**

Yes	No	Host(s):	
Yes	No	Host range:	
Yes	No	Nature of DNA:	
Yes	No	Vector(s):	
Yes	No	Physical containment:	

Yes No Source DNA:
Yes No Deliberate attempt to
express a foreign
gene? If yes, describe
and indicate any
possible toxicity or
hazards.

Are there any changes in laboratory procedure? If yes, please summarize below or in an attachment. Yes No

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Have the Animal Use Protocols (AUPs) listed on your current IBC authorization been replaced? Yes No

List AUPs to be removed.

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List AUPs to be added.

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Are there any other changes (animal species, animal procedures, etc.)? If yes, please summarize below or in an attachment. Yes No

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Save a copy. Return a digitally signed copy of the fillable PDF by E-mail to ibc@uga.edu. For questions or more information, contact:

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