

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	Adress: 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 ٠ 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

UGA Institutional Biosafety Committee

Modification Form

Proposed Changes

Please check all that apply. Detail any changes from the previously approved project. Please provide sufficient detail for each change to allow the Committee to make an adequate review.

Are there any changes in project location? If yes, please list the changes below.			Yes	No
		Building, Field location, or Greenhouse Room # (able)
Add	Delete			

Have there been any personnel/staff changes since the last IBC approval was granted? Yes No If yes, complete the following sections, noting additions and deletions as appropriate. List relevant experience of personnel added to the project. This information is intended to inform the committee of the training and background of new personnel.

List individuals to be removed from the project:

List individuals to be added to the project, including their degrees, roles, relevant experience, and training:

Name	Degree	Specific Duties on Project	Number of Years Training and Description of Experience

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?

If yes, please list the organism or toxin changes below.

		Organism/ loxin
Add	Delete	

Are there any changes in the Biosafety Level?

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:

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Yes No

Yes

No

Yes Yes	No No	Source DNA: Deliberate attempt to express a foreign gene? If yes, describe and indicate any possible toxicity or hazards.
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Are there any changes in laboratory procedure? If yes, please summarize below or in an	Yes
attachment.	

Have the Animal Use Protocols (AUPs) listed on your current IBC authorization been replaced?

Yes No

No

List AUPs to be removed.

List AUPs to be added.

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

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

UGA Office of Biosafety

310 East Campus Road, Room 217 Athens, GA 30606 Phone: 706-542-2967 E-mail: <u>ibc@uga.edu</u> Fax: 706-583-8104