**Texas Woman's University**

**Amendment Disclosure Form**

 The IBC has developed this form to aid investigators with minor to moderate modifications to their approved biosafety protocols.

Please note that you are not required to submit an amendment disclosure form for personnel changes. Please ensure personnel changes are reflected on your Annual Continuation form or the 5-year re-submission of your BSL-2 &/Or Non-exempt R/S NA Biosafety Review Form, whichever is applicable.

**For *major modifications* from the original submitted protocol**:

* ***Major modifications*** include but are not limited to:
	+ Changes in the biohazardous agent which results in a change to the approved BSL/containment of the space
	+ Changes in manipulations or procedures that would significantly increase exposure, or
	+ Any modification that changes how the biohazardous agent needs to be handled
* If these apply, do NOT complete this Amendment Disclosure Form. Instead, complete the BSL-1/Exempt R/S NA or BSL-2 & Non-exempt RS/NA Biosafety Review Form, whichever is most applicable.

**Note:** If conducting with animals, you must complete IACUC forms in addition to the required IBC forms.

If you have questions about which form to submit, please contact EH&S at ehs@twu.edu. Please email the completed form to ORSP (LByford@twu.edu).

**Amendment Disclosure Form**

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| **Table 1. PI Information** |
| **PI Name**  | **Email address** | **Department** | **\*IBC Protocol No AND date of last full form submission** |
|  |  |  |  |

**Changes Overview:**

**Select any changes to be made to the previously approved protocol**

[ ] Adding or changing biological materials that do **not** change previously approved BSL/containment requirements

[ ] Adding a new procedure for waste treatment/ disposal

[ ] Adding new procedures using the same recombinant DNA/ vectors

[ ] Changing an approved procedure for waste treatment/ disposal

[ ] Changing laboratory location

[ ] Changing mailing address, phone or e-mail

[ ] Other (please describe):

**Changes Detail:**

1. **Changes to be made:**

1. **Reasons for Change(s): (please be as thorough as possible and please provide information in regard to if and how this amendment changes the overall goal)**

**Certification**

I understand that the approval for this change will continue to be effective upon annual renewal approval

or until the protocol is terminated.

‘Electronic’ (typed) signature of PI Date

­ ‘Electronic’ (typed) signature of Department Head Date

 ‘Electronic’ (typed) signature of IBC Chair Date