

**Old Dominion University
Institutional Biosafety Committee**

Recombinant DNA Research Protocol Renewal/Amendment

1. Principal Investigator:			
2. Department:			
3. Application Type:	<input type="checkbox"/> Amendment	<input type="checkbox"/> Renewal	
4. Project Title:		IBC No.:	
5. Office: Bldg:		Room No.:	
6. Lab(s): Bldg:		Room No.:	
7. Phone No.:		Fax No.:	
8. Etiologic Agents - Are there any etiologic agents to be added or deleted from the current authorization that was approved by the Institutional Biosafety Committee? If yes, complete the items below that apply, if "no" go to item 9. <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Etiologic Agent(s) to be added to current authorization:			
Etiologic Agent:		Biosafety Level:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Etiologic Agent:		Biosafety Level:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Etiologic Agent(s) to be removed from current authorization:			
Etiologic Agent:		Biosafety Level:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Etiologic Agent:		Biosafety Level:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
9. Experimental Use - Are there any changes in the current authorization that was approved by the Institutional Biosafety Committee. If "yes," attach a description of the proposed experimental protocol if different from the currently authorized protocol, if "no" go to item 10. <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
10. Personnel - List all personnel who will be working with the agents under your current authorization:			
Name:			
Name:			
Name:			
Certification The signature below affirms that this application accurately reflects any changes in the applicant's current authorization to conduct research involving recombinant DNA technology. Furthermore, the applicant has read and will comply with the policies and procedures of Old Dominion University's Institutional Biosafety Committee.			
Signature:		Date:	

<i>For IBC use only</i> Approval: IBC Chair _____ BSO _____ Member _____ Member _____ Date of Approval: _____
