

Old Dominion University IBC Amendment Form

The IBC has developed this form to aid investigators with modifications to their approved biosafety protocols. However, dependent upon the extent of the requested modification, the IBC may request that the entire protocol be revised (rewritten) and submitted for approval.

Principal Investigator/Faculty Member:

Title of Project/Class (if applicable):

IBC Protocol Number:

CHECK ANY CHANGES TO BE MADE TO THE APPROVED PROTOCOL:

- Adding or changing biological materials
- Adding new personnel (must include an IBC training record for each person to be added)
- Delete personnel
- Adding a new procedure
- Changing an approved procedure
- Changing laboratory location
- Changing mailing address, phone or e-mail
- Other (please describe):

1. Change(s) to be made:

2. Reasons for Changes: *(please be as thorough as possible and please provide information in regard to if and how this amendment changes the overall goal of the protocol)*

Certification.

- I understand that the approval for inclusion of the above modification(s) into the approved protocol is granted by the IBC and will continue for the current five year approval period.
- I understand that the approval for this change will continue to be effective upon annual renewal approval or until the protocol is terminated.

Today's Date:

Click the submit button to send this form via e-mail to kwheeler@odu.edu

IBC Chair or Designee Signature:

Date: