Request for Change in protocol

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| IBC Use Only:Review Type: [ ]  Designated [ ]  Full Board Approval Date:       |

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| Protocol #: Title: Principal Investigator Name/Dept:      **This form is for MINOR changes only. If your proposed changes do not fit into one of the categories listed below, a new submission in Novelution may be necessary. Please call the IBC office at 1-8114 with questions.** |
| **Please select type of change(s) you are requesting from the 5 categories:** |
| [ ]  **Personnel Change****Research Team and Required Training*****All research team members should be listed below. Training requirements are based on the agents/materials used in the protocol. Required training courses (***[***www.citiprogram.org***](http://www.citiprogram.org)***).***

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| --- | --- | --- | --- | --- |
| **Add Name** | **Role in protocol** | **Basic Biosafety** | **NIH rDNA Guidelines** | **OSHA Bloodborne Pathogens** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **Remove Name** | **Role in Protocol** |  |  |  |
|       |       |  |  |  |
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Please list names of individuals that will have routine exposure to human blood, bodily fluids or tissues while working on this project.

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| **Name** | **Hepatitis B Vaccine Offered?** |
|       | Choose an item. |
|       | Choose an item. |
|       | Choose an item. |

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| [ ] **Title Change**The new title for this protocol is:

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Is this change in protocol due to a new grant submission? [ ]  No [ ]  Yes. If yes, provide grant information below.

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| [ ] **Facility Change**

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| --- | --- | --- | --- |
| Building Location | Room # | Activity/Use | Biosafety Level |
|       |       |       |       |
|       |       |       |       |

*Projects that have a containment level of BSL-2 or higher are required to have a laboratory specific Biosafety Manual. In addition, all locations where BSL-2 or higher work is being conducted are required to have the space inspected by the NDSU Biological Safety Officer.* |

**[ ] Risk Group Classification Change**

**[ ] Methods and Procedures**

Please provide an explanation below of the requested change in the risk group classification or methods and procedures.

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Additional Information – Please include any additional information in the box below.

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***To submit this form, email to*** ***ndsu.ibc@ndsu.edu*** ***using your institutionally provided email address.***