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)***).***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Add Name** | **Role in protocol** | **Basic Biosafety** | **NIH rDNA Guidelines** | **OSHA Bloodborne Pathogens** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Remove Name** | **Role in Protocol** |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Please list names of individuals that will have routine exposure to human blood, bodily fluids or tissues while working on this project.   |  |  | | --- | --- | | **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:   |  | | --- | |  |   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**   |  |  |  |  | | --- | --- | --- | --- | | 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***](mailto:ndsu.ibc@ndsu.edu) ***using your institutionally provided email address.***