[Arizona State University](http://www.asu.edu/)

## Arizona State University

## Institutional Biosafety Committee

EHS 112M

Modification Form

IBC # BSL: Project Title:

Investigators Name: Phone: Dept:

**Please indicate the type of change you are requesting below and give an explanation of the changes requested at the bottom of the form.**

**Change in Scope of Work:**  No  Yes.

**Change in Materials:**  No  Yes. If yes, please list specific cell lines below and if purchasing from an outside source (e.g. ATCC), please include the product number.

**Change in Biosafety Level:**  No  Yes.

**Change in Lab Location:**  No  Yes. If yes, please list all laboratory and storage locations below.

**Change in Funding:**  No  Yes ASU Proposal or Award #:

**Change in Personnel**  No  Yes If yes, please complete chart below to add or remove personnel.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant Name** | **ASURITE Name** | **Degree** | **Project Responsibilities** | **Prior Experience or Training Related to these Responsibilities** | **Add or Remove** | **For IBC Use Only**  Biosafety Training Verification |
|  |  |  |  |  | **A  R** |  |

**Other Changes:**  No  Yes Please list:

**EXPLANATION OF CHANGES (Describe revisions to original disclosure in enough detail to allow for committee review and *include any pertinent safety information)*:**

By signing below, you are agreeing that all work on this project will be conducted using biosafety practices described in the CDC/NIH Publication entitled *Biosafety in Medical and Biomedical Laboratories (BMBL).* Additional stipulations required by the Institutional Biosafety Committee on behalf of Arizona State University will also be followed.

|  |  |  |
| --- | --- | --- |
| FOR IBC COMMITTEE USE ONLY | | |
|  | **IBC Chair or Designee** | **Date** |
| Approved by IBC |  |  |

Principal Investigator’s Signature: Date:

**Send the completed form to:**

Please describe revisions to original protocol in enough detail for committee review.

**IBC, Office of Research Integrity and Assurance**

**By Email:** [**IBC@asu.edu**](mailto:IBC@asu.edu)

**By Campus Mail: Mail Code 6111**