**IBC Protocol Amendment Form (Brief)**

*This form is to amend funding, personnel, or laboratory research locations on active IBC protocols. To amend procedures, oversight, or materials, please follow the instructions for a substantive amendment.*

**To complete a brief amendment, please:**

1. Complete the form below.
2. Submit the amendment form via email to IBC@marian.edu.
3. Please contact IBC@marian.edu if you have any questions.

|  |
| --- |
|  |
| **Principal Investigator:**           | **Appointment:**          |
| **Office Address:** *Include building and room #*          | **College/Program:**           |
| **Department:**(if applicable)**:**           | **Section** (if applicable)**:**           |
| **E-Mail:**           | **Phone:**           |  |
| **Title of Protocol**:        |
| **IBC Protocol Number:**        |

**Sec. I-E. Funding (please list only those grants that support work covered on this protocol)**

[ ]  Internal Funding

[ ]  External Funding: Agency:

Grant Number:

[ ]  VA Funding:

Grant Number:

**Sec. I-F. Investigators (List ALL personnel involved in this project)**

|  |  |  |
| --- | --- | --- |
|  |  | ***IBC USE ONLY*** |
| ***Last Name, First Name <E-mail Address>*** | ***Title/Job Description*** |  | ***Lab Safety Basics*** | ***Lab Chemical Safety*** | ***OSHA BBP*** | ***rDNA Research*** | ***Animal Biosafety*** | ***Other*** |
|  ***Example:***Doe, Jane <jdoe@marian.edu> | Associate Professor / PI / Performs all experiments, Oversees Lab | **Required:** **Complete:** | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  |
|  |  | **Required:** **Complete:** | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  |
|  |  | **Required:** **Complete:** | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  | [ ]  [ ]  |

*\*Note: To add additional lines to the table, please click the “+” sign on the left hand side of the last row. \**

[ ]  **Investigator Acknowledgement:** By checking this box, the PI is ensuring that all personnel listed on this protocol have access to the protocol, read it, agree to participate in said research activities, and will complete all necessary training requirements.

**Sec. I-G. Research Location(s)** Please list the building, room numbers, research activities performed in that space, and the highest biosafety level for that space and research activity. Please specify where all biological material is being used or stored.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Building*** | ***Room #***  | ***Research Activities Performed*** | ***Biosafety Level*** |
| ***Example*:**MH | MH151 | Transformation; plate assays | BL-1 |
| ***Example*:**MH | MH151A | Cell Culture | BL-2 |
|  |  |  |  |
|  |  |  |  |

\**Note: Please include Core Facility locations in the table.*

*\*Note: To add additional lines to the table, please click the “+” sign on the left hand side of the last row.\**