

**PURDUE UNIVERSITY**  
**Institutional Biosafety Committee**  
**Request for Amendment to Approved Protocol**

**Modifications to approved IBC protocols must be reported using the signed Form 2A. Common reasons to change a protocol include: changes to a use of a biohazardous agent or the use of recombinant/synthetic nucleic acids, including any that change the answers from the originally approved protocol.**

**Protocol Number:** \_\_\_\_\_

**Protocol Title:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**What type(s) of change(s) are being proposed? Please select any/all that apply:**

- Use of Biohazardous Agents;
- Use of Unfixed Human fluid or tissue;
- Use of Recombinant or Synthetic Nucleic Acids
- Personnel Addition/Removal (add names, roles and training in explanation below)
- Request for protocol closure
- Other

**Describe all protocol changes proposed. Use the approved protocol to reference the relevant sections of the protocol. Attach extra pages, as needed:**

**Biological agents and materials approved in IBC protocols are regulated by Federal guidelines and can pose significant risks to human, animal, and/or plants. Your signature below attests that you certify all personnel listed in this protocol as well as any individuals having access to the agents and materials in question have received appropriate training for the handling, storage, and disposal of these agents and will be managed in a way that upholds this protocol and associated regulations.**

**PI SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*\*\*THIS SECTION FOR BIOSAFETY OFFICER AND IBC USE\*\*\***

**ASSESSMENT FOR: BIOHAZARDOUS AGENTS AND RECOMBINANT OR SYNTHETIC NUCLEIC ACID MOLECULE RESEARCH – AMENDMENT TO PROTOCOL**

Have all new personnel completed training?

**Yes**       **No**       **N/A**

Does the protocol change affect Agent/Risk Group, Biosafety Level or Categorization?

**Yes**       **No**       **N/A**

Based on the changes, is a new assessment by the Biosafety Officer necessary before approval?

**Yes**       **No**

Comments:

This protocol meets regulatory facility and training requirements.

\_\_\_\_\_  
**Robert W. Golden, Biosafety Officer**      **Date**

Following review by the Purdue University IBC of the proposed research, this protocol amendment is:

- Approved**
- Not approved**
- Exempt (Exempt from NIH requirements but not from Purdue requirements.)**

Additional conditions:

\_\_\_\_\_  
**Richard Kuhn, Chair, IBC**      **Date**