



Idaho State University Institutional Biosafety Committee
Form E. Modification of Approved Protocols

PI/Researcher Name:

Protocol ID:

Project Title:

Date Received:

In the table below, indicate the type of modification(s) requested. All listed modifications require IBC approval prior to initiation of work or implementation the requested changes.

☐ Principal Investigator	☐ Gene Inserted	☐ Whole animal
☐ Project Title	☐ Plasmid or vector systems	☐ Transgenic animal
☐ Project Personnel*	☐ Infectious Agent	☐ Whole plant
☐ BSL or Biosafety Practices	☐ Human or Non-human primate cells, cell lines or other potentially infectious materials (OPIM)	☐ Transgenic plant
☐ Location (lab or storage)	☐ Host systems	☐ Funding source
☐ Other	*Adding personnel? Complete next page	

Add text to this file responding to the following:

1. Provide the details of each modification requested. Please use attached page(s)
2. Describe how each modification compares to the original approved protocol. Please use attached page(s)
3. Justify the requested change(s) Please use attached page(s).
4. If the modification(s) requested requires completion of, or addition to, Forms B (*Use of Infectious Agents, Toxins, or Select Agents in Research*) and/or Form C (*Use of Human or Non-Human Primate Blood, Cell Lines, or Other Potentially Infectious Materials (OPIM)*), please complete or update these forms and append them to this modification request.
5. If adding lab personnel *complete the next page (role and training requirements). Provide personnel signatures affirming their training on a copy of the lab manual Certification page.* A Blank version is available online.
6. Sign and date the Agreement statement below.
7. Scan and email completed file to biosafe@isu.edu, using subject line: **IBC Modification Request – PI Last Name**

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PI Name:

Protocol ID:

Additional Project Personnel (*Copy this section for each new project personnel.*)

Name (Last, First):

Check Roles that Apply:

Co-PI ☐

Student ☐

Non-ISU Collaborator ☒

Lab Technician ☐

Data Analyst ☐

Field Technician ☐

Animal Technician/Handler ☐

Department Affiliation:

Degree:

E-mail:

(if Non-ISU provide their institutional email)

Campus Location:

Scientific Background, Expertise and project role:

Required CITI Training for this person:

- Handling Biohazards* or ☐ Biosafety Overview* (If no materials contact)
- ☐ OSHA Bloodborne Pathogens ☐ NIH rDNA Guidelines
- ☐ Select Agents ☐ Shipping Training ☐ DURC ☐ USDA Permits

***one of these is minimum training for all lab personnel**

THIS MODIFICATION REQUEST WILL NOT BE APPROVED UNTIL THE REQUIRED TRAINING HAS BEEN COMPLETED AND THE CERTIFICATION SIGNATURES PROVIDED.

IBC will confirm that personnel training requirements are appropriately selected based on the original approved protocol and on the information provided in this requested modification(s).

IBC will confirm that all required training has been completed for study personnel.

Principal Investigator Agreement

I agree **NOT TO INITIATE** ANY CHANGES IN RESEARCH PERSONNEL OR EXPERIMENTAL PROCEDURES or PRACTICES involving the use of recombinant or synthetic nucleic acid molecules or potentially biohazardous or infectious materials PRIOR TO APPROVAL OF THIS MODIFICATION REQUEST.

Signature of Principal Investigator _____ **Date:** _____

IBC Review and Decision:

IBC Chair or delegate signature with date:

(Question 1)

(Question 2)

(Question 3)