**IBC Biosafety Application Addendum Form**

**Instructions:** The IBC Biosafety Application is a modular form with 13 major sections. To submit an addendum to your approved IBC application, please fill out both the information below and only the relevant section(s) of a new IBC Biosafety Application **or** use your approved application and **highlight** all new information. If you need a copy of your previously approved application, you may e-mail mailto:cnorton@uccs.eduwith your request. To obtain a new IBC Biosafety Application, please visit <https://ehs.uccs.edu/hazardous-materials-management/biosafety>. Submit this Form **and** the Application electronically to cnorton@uccs.edu.

**Application Approval Date:**  (refer to IBC Review Letter)

**Biosafety Application #** (refer to original application that is being amended)

Title and/or Number of Protocol: 

Principal Investigator:

Email Address:  Phone Fax: 

DepartmentBuilding: Room: 

Reason for submitting an addendum: Please check all boxes that apply and then complete those Sections of the new or previously approved IBC Application.

1. [ ] Revised Administrative Information
2. [ ] Revised Section I – Type of Experiments
3. [ ] Revised Section II – Personnel (page 2 of this addendum)
4. [ ] Revised Section III – Location of Research Experiment
5. [ ] Revised Section IV – Physical Containment Equipment – Biosafety Cabinets
6. [ ] Revised Section V – Safety Evaluation
7. [ ] Revised Section VI – Scope of Work Narrative
8. [ ] Revised Attachment II – Section A – Recombinant DNA
9. [ ] Revised Attachment II – Section B – Biohazardous Agents & Toxins
10. [ ] Revised Attachment II – Section C – Plants
11. [ ] Revised Worksheet 1 – Recombinant DNA Experiments Questionnaire
12. [ ] Revised Worksheet 2 – Animal Experiment Questionnaire
13. [ ] Protocol is no longer active

**Personnel List**

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| **NAME** |  **POSITION (Faculty, PostDoc, Graduate or Undergraduate Student)** | **DEPARTMENT** | **E-MAIL** | **PHONE** |
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**Training Documentation for Personnel: (EHS can complete this portion for you)**

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| **NAME** |  | **DATE OF TRAINING** |
|  | Lab Safety | Biosafety | BBP | Biosafety Cabinet | Shipping | rDNA | ABSL-1 | ABSL-2 |
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