**PROTOCOL AMENDMENT**

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| **General Instructions To Expedite Processing**:  Complete and submit this form as a word doc to the Institutional Biosafety Committeevia e-mail at [ibc@olemiss.edu](mailto:ibc@olemiss.edu) from the PI’s email address (or copy the PI).  **PLEASE NOTE** - SIGNIFICANT AMENDMENTS WILL BE REVIEWED BY THE FULL BOARD |
| **OFFICE USE ONLY** |
| **Significant  Non-Significant** | |

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| **1. ADMINISTRATIVE** | | |
| **Protocol Number:** | **Protocol Title:** | **Principal Investigator:** |
| **2. PROPOSED CHANGES TO ORIGINAL PROTOCOL** | | |
| **A. CHANGES IN CONTAINMENT** : **Describe and Give Reason/s:** | | |
| **B. CHANGES IN AGENTS: Describe and Give Reason/s:** | | |
| **C. CHANGES IN PERSONNEL (complete table)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Department** | **Phone** | **Email** | **Role during project**  [Be specific. An “X,” or “Yes” is not an acceptable description of personnel responsibilities.] | **Describe specific training & expertise**  [Identify trainer and include brief outline of expertise/ qualifications of person to train others.] | | **Conduct Experimental Procedures**  [Surgery, blood draws, etc.] |  | | PI |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
| **D. CHANGES IN SPONSOR (FUNDING AGENCY)**  **DESCRIBE:** | | |

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| **Signatures** | |
| **Principal Investigator:**  Click or tap here to enter text. | **DATE:**  Click or tap to enter a date. |
| **Institutional Biosafety Committee Representative:**  Click or tap here to enter text. | **DATE:**  Click or tap here to enter text. |