

For IBC use only

Registration no.:

Date received:



**INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)
UCSI UNIVERSITY**

AMENDMENT FORM

**For Activities Involving the Use of Infectious and Potentially Infectious Agents/Materials and
Biological Toxins**

The Principal Investigator (PI) is responsible for completing this form. The IBC reserves the right to determine whether the amendments are substantive and may request further information for a new NOI submission, whenever required or applicable. Please note that the proposed amendments may not be implemented without prior written approval from the IBC. Submission is to be made by email and accompanied by original signed document to **UCSI University Institutional Biosafety Committee (IBC) Chair**.

Principal Investigator (PI):
Project title:
IBC registration no.:
Reason(s) for amendment application:

- Changes of laboratory personnel *(please fill up table 1)*
- Changes to experimental design *(please fill up table 2)*
- Changes to infectious or potentially infectious agents/materials and biological toxins *(please fill up table 3)*
- Changes in the location where the activities are to be performed *(please fill up table 4)*

Reason for the changes (*Please provide information with regards to how this amendment affects laboratory biosafety*) :

TABLE 3: CHANGES TO INFECTIOUS OR POTENTIALLY INFECTIOUS AGENTS/MATERIALS AND BIOLOGICAL TOXINS

List new agents and/or toxins added to the project		
No	Name	Risk Group

List agents and/or toxins removed from to the project	
No	Name

If there is a change in the RG and route of transmission as compared to the original NOI, a risk assessment has to be done.

TABLE 4: CHANGES IN THE LOCATION WHERE THE ACTIVITIES IS TO BE PERFORMED

No	Building & Room No.	Activity to be Performed	Biosafety Level
			<input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL2 <input type="checkbox"/> BSL3
			<input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL2 <input type="checkbox"/> BSL3
			<input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL2 <input type="checkbox"/> BSL3

I declare that all the information provided in this application is accurate to the best of my knowledge and I understand that the outcome of this application is subjected to the decision of the UCSI University IBC.

Signature and stamp of PI

Date

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Decision by Institutional Biosafety Committee

Approved

Not Approved

Signature of IBC Chairman:

Date: