

**Previously Approved Protocol #:**

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| **Amendment to Registration Document For Biohazards** | |
| **Section A: P.I. Information** | |
| Name: | Title: |
| Department: | Email: |
| Phone Number: | |
| **Location of Study** | |
| Building: | Room #’s: |
| Are the facilities shared:  Yes  No | If yes, with what group: |
| Date of study: | |

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| **Section B: General/Administrative Information** | |
| Protocol Title: |  |
| PI’s Anticipated Biosafety Level: |  |
| Brief Description of Protocol (please describe experimental protocol including how the biological material will be utilized in the laboratory, attach additional sheet if necessary): | |

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| **Section C: Biohazard Registration Amendment**  *Please check all that apply and describe the nature of the requested amendment in the spaces below and complete the Principal Investigator Acknowledgement section* | | | |
| ***Please check all that apply*** | | | |
|  | **Addition of Exempt Recombinant DNA Experiments** |  | **Addition of Non-Exempt Recombinant DNA Experiments** |
|  | **Addition of Research with Potentially Infections Biological Agents** |  | **Addition of Human and Non-human Primate Blood, Body Fluids, Cell Lines, and Tissue Explants** |
|  | **Addition of Toxins of Biological Origin** |  | **Addition of new laboratory workers** |
| **For all recombinant DNA protocols be sure to list specific host cells (genus and species), vectors, DNA sequences (gene of interest), and commercial and non-commercial sources for all recombinant materials.** | | | |
| *Describe:* | | | |
| **For all biological agents, human and non-human blood, body fluids, cell lines, and tissue explants be sure to describe material in detail including specific cell lines (if applicable), product numbers, commercial and non-commercial sources, and how material will be used.** | | | |
| *Describe:* | | | |

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| **For all protocols, describe if the amendment changes any protocol-specific laboratory safety issues described in the original protocol. A statement regarding containment, training, lab members, lab safety practices, decontamination and disposal should be included.** | | |
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| **Section D: Principal Investigator Acknowledgement:** | | |
| By signing below, the Principal Investigator acknowledges that the laboratory workers (including students, faculty, staff or visitors) under his or her direction have received appropriate training required to manipulate, store, and disinfect the microorganisms, human-derived materials, recombinant or other materials proposed for use in the following protocol. Further, laboratory workers have been instructed on emergency procedures involving potentially infectious materials as outlined in the NJIT Biological Safety Guide.  Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Biosafety Committee Action**: | | |
| This protocol was reviewed by the NJIT Institutional Biosafety Committee on:\_\_\_\_\_\_\_\_\_\_\_\_\_  The following IBC action was taken: | | |
|  | Protocol Approved | |
|  | Protocol Withdrawn | |
|  | Protocol Conditionally Approved | |
|  | Protocol Tabled Until Next Meeting | |
|  | Protocol Not Approved | |
| **Protocol Approved By:** | |  |
| **Assigned Biosafety Level:** | |  |
| **Signature:** | |  |