**Submit this form to** [**IBC@baylor.edu**](mailto:IBC@baylor.edu)**.**

|  |  |
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| **PROJECT TITLE** | Click here to enter text. |
| **PRINCIPAL INVESTIGATOR** | Click here to enter text. |
| **IBC REGISTRATION #** | Click here to enter text. |

**MAJOR CHANGES**

All major changes require a revised IBC Registration to be submitted in addition to this form.

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| **TYPE OF MAJOR CHANGE** | | |
| 1. | Change in scope of research  Change in Risk Assessment  Additional research procedures  Change in Principal Investigator  Other major change(s): Click here to enter text. |  |
| 2. | Reason for major change(s):  Click here to enter text. |  |

**MINOR CHANGES**

Minor changes do not require a revised IBC Registration Form, but must be incorporated into the IBC Registration at a subsequent Major Change or Triennial Review (whichever occurs first).

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| **TYPE OF MINOR CHANGE** | | |
| 3. | Change to title. New title: Click here to enter text.  Change in research location(s). Fill out below.  Change in research personnel. Fill out below.  Change in laboratory contact. Fill out below.  Other minor change(s): Click here to enter text. |  |

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| **CHANGE TO RESEARCH LOCATION(S)** | | | | |
| 4. | **List any modifications to Baylor locations where work will be conducted in the table below:** | | | |
| Lab | Building(s) | Room Number(s) | Modification |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | New location  No longer using |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | New location  No longer using |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | New location  No longer using |
| 5. | If there is change to external collaborators (domestic or foreign), identify the institution and the work to be conducted: Click here to enter text. | | | |

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| **CHANGE IN RESEARCH PERSONNEL** | | |
| 6. | **List all ADDITIONS of individuals working on this protocol other than the PI.** Include internal collaborators, technicians, post docs, graduate students, work study students, volunteers, etc. *Attach a separate page if necessary.* | |
| **Name** | **Study Responsibilities** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| 7. | List any **DELETIONS** of individuals working on this protocol.  Click here to enter text. | |

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| --- | --- | --- |
| **CHANGE IN LABORATORY CONTACT (other than PI)** | | |
| 8. | Name: Click here to enter text. | |
| Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone: Click here to enter text. |

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| **ATTESTATION** |
| By submitting this form, you (the Principal Investigator) are certifying the following: (check to indicate that you have read each one):  The information contained in this amendment is true, complete, and accurate to the best of your knowledge;  The research will be conducted in accordance with applicable laws, regulations, and Baylor University policies and procedures;  Research records will be kept for at least 3 years after completion of the research (a longer period may be required by a sponsor or funding agency). All records must be accessible for inspection and copying by authorized representatives.  You are aware, as the Principal Investigator, you are ultimately responsible for the conduct of this research and the individuals to whom you delegate research responsibilities. You are responsible for ensuring the training of all personnel involved in the proposed project in matters of potential biohazards, relevant biosafety practices, techniques, and emergency procedures, and that such training remains current.  You confirm that any proposed changes to the project will not be initiated or modified until appropriate approval is received. This includes the addition of personnel. |