**UWM IBC Request for Changes to Protocol, Personnel, or Renewal of IBC Protocol**

This renewal form is to be used when the research being conducted under a currently approved protocol is being changed. This includes changes to personnel, procedural changes, or changes to biosafety practices. This form will determine if a full IBC registration form needs to be completed.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have provided all changes, modifications, and personnel changes in this form as required by the IBC for continuing approval and/ or review to determine if a full registration form submission is necessary. I understand that entirely new experiments require a new IBC protocol submission. I acknowledge that it is my responsibility to provide the appropriate information to ensure compliance with local, state, and federal guidelines and regulations.

 PI E-signature- type or sign name Date

# General Information

|  |  |
| --- | --- |
| PI Name :  |  |
| Research Project Title and IBC Protocol Approval Number: |  |
| What type of request are you submitting (select all that apply)? | [ ] Project Change[ ] Project Annual Renewal [ ] Personnel Change |

# Updates to Personnel

Fill this section out if you are adding new personnel to the protocol. If no new personnel are added, you may leave this blank.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title/ Job Description** | **Training** |
|  |  |  |
|  |  |  |
|  |  |  |

# Summary of Progress, Changes, or Safety Issues

|  |  |
| --- | --- |
| Provide a short summary of the project status/ progress to date.  |  |
| Provide **a full description of any planned changes** from the original approved IBC Protocol. If no changes are planned, please note that. These may include changes to experimental procedures, modifications to biological materials used, collection of samples, etc.  |  |
| Were there any biosafety problems or adverse events encountered during the previous study interval? If yes, please describe. |  |

Biosafety Officer Approval Signature:

 Biosafety Officer Signature- type or sign name Date