ADDENDUM 2

PROTOCOL AMENDMENT REQUEST

This form is intended to be filled out if changes to ongoing, previously approved research or teaching activities involving biohazard level 2 pathogens, bloodborne pathogens, recombinant or synthetic DNA are needed. Examples of changes include: title, funding, expiration date, MTA, personnel, procedures, etc. Protocol Amendment Requests should be submitted electronically to ResearchAdministration@MissouriState.edu .

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| --- |
| **ORA USE ONLY Protocol Number: Date Filed:** **Date Reviewed by IBC: Date Approved:** |
| 1. INVESTIGATOR INFORMATION
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|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator: Name  | Department: Department  |  |  |
| Office Address: Building & Office # | Office Phone: Office Number |  |  |
| Emergency phone: Cell phone  | Email: Email |  |  |

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| 1. PROJECT INFORMATION
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| --- | --- | --- | --- |
| Original approval date: Date | Current expiration date: Date |  |  |
| Project Title: Title of Project |  |  |  |

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| 1. AMENDMENTS

Check the appropriate box(es) indicating the requested amendment(s) and provide information as needed.

|  |  |
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| 1. TITLE

|  |
| --- |
| [ ] Change title to: New Title |

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| 2. FUNDING

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| --- |
| [ ] Add Funding [ ] Remove FundingFunding Source: Funding Source |

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| 3. EXPIRATION DATE (Cannot be longer than expiration date)

|  |
| --- |
| [ ] Change project expiration date to: Date |

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| 4. PERSONNEL

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| [ ] Add Personnel |
| Name | Title/Position | Degrees | Training/Experience |
| Name | Title | Degree | Training & experience |
| Name | Title | Degree | Training & experience |
| Name | Title | Degree | Training & experience |
| Name | Title | Degree | Training & experience |
| Name | Title | Degree | Training & experience |
| [ ] Remove Personnel |
| Name | Title/Position |
| Name | Title/Position |
| Name | Title/Position |
| Name | Title/Position |
| Name | Title/Position |

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| 5. MATERIAL TRANSFER AGREEMENTS (MTA)

|  |  |
| --- | --- |
| Material Name/Number | Company |
| Name/Number | Name/Number |
| Name/Number | Company |
| Name/Number | Company |
| Name/Number | Company |

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| 6. PROCEDURE(S)

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| --- |
| [ ] Add Procedure [ ] Remove Procedure [ ] Modify Procedure |
| Please describe, in laymen detail, the procedural change(s) requested. Include necessity of change, treatments, etc. Note, these changes may need to go through IBC before change is granted. Start typing here. |

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 Name Date

 Principal Investigator Date