



Biological Use Authorization (BUA) – Amendment Application Form

Protocol Title:

1. Briefly indicate the proposed change/amendment.

<input type="checkbox"/> Change in personnel (see Tables 1 & 2 below)
<input type="checkbox"/> Change in procedures
<input type="checkbox"/> Add Procedures
<input type="checkbox"/> Other:

2. Indicate the reason and justification for the amendment.

3. Provide details of the proposed changes/procedures (reference BUA page number)

Table 1: Addition of personnel

Name	Employee #	Phone	For use by Biosafety Committee only	
			Medical surveillance current and appropriate?	Training current and appropriate?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Table 2: Deletion of personnel

Name

Please certify the following statement from the original BUA by signing below:

“The Principal Investigator will ensure that listed personnel have received or will receive appropriate training in safe laboratory practices and the procedures for this protocol *before any work begins* and at least annually thereafter. In addition, all listed personnel who have occupational exposure to bloodborne pathogens will take an online bloodborne pathogen training sessions conducted by SMU.

Principal Investigator _____ Date _____
(sign)

(print name)

Approval

Biosafety Chair _____ Date _____