



Chulalongkorn University
Institutional Biosafety Committee

Receiving No.....
Receiving Date.....
Approval No.....
Approval Date.....

Form F

Amendment Request Form

Principal Investigators of the project/subproject must send signed amendment request form to request changes or extend time to a previously notified or approved CU-IBC proposal. It is the responsibility of the PI to notify the CU-IBC of changes or extend time to a notified or approved CU-IBC proposal. A amendment requires the CU-IBC approval **PRIOR** to initiation of work and approved expiration date (prior 3 months). Please fill out the form.

Section I. Administrative Information

1. Project title:

(Eng).....

(Thai).....

Subproject title (If different from the project title):

(Eng).....

(Thai).....

2. Principal investigator of the project:

Name-Surname:..... Degree:..... Position:.....

Principal investigator of the subproject (If different from principal investigator of the sub project):

Name-Surname:..... Degree:..... Position:.....

3. Lab/research personnel involved in this research (Personnel are related to biological work.):

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

4. Contacting Address:.....

Telephone:..... Mobile phone:.....

Fax:..... E-mail address:.....

6. Certification No.:.....

Effective date:..... Expiration date:.....

Section II Administrative Changes

1. Do you require an extension of time? If yes, describe reason.

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2. Has the personnel changed? If yes, describe change. (must include an Biosafety training record for each person to be added)

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3. Has the location/Biosafety level of this research changed? If yes, describe change.

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4. Has the biological material changed? If yes, describe change.

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5. Has the procedure changed? If yes, describe change.

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6. Other, please describe detail.

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I acknowledge all requirements and restrictions of the most current TBC guidelines for the Biosafety Level authorized by the IBC. I accept responsibility for the safe conduct of the experiments conducted at this Biosafety Level. I understand that it is my responsibility to assure that all personnel working in my laboratory with any of these hazards are fully informed about their specific dangers, proper actions for safe use and steps to take in case of accidents, and are provided with all necessary safety equipment and instructions in its use. I will contact the CU-IBC/Faculty IBC immediately following any adverse event that leads to an accidental exposure to any biological agents listed in this form that may be harmful to humans or animals.

Signature

Date

(.....)

Principal investigator of the project

Signature

Date

(.....)

Principal investigator of the subproject

Signature

Date

(.....)

Head of Department