



FIU Recombinant DNA and Gene Transfer Amendment Form

Principal Investigator: _____

Phone: _____ Fax: _____ Email: _____

Title of Project: _____

Date of Initial IBC approval _____

This form must be accompanied by a copy of the revised protocol.

1) Specify all changes made to the previously-approved protocol. (Use the back of this sheet or a separate page if additional space is required)

2) Will these changes require a change of category under [Section III](#) of the NIH guidelines? Yes ___ No ___

If, Yes, what is the new category? _____

Principal Investigator's signature

Print Name

Date

For IBC Use Only

•Request Revisions/Clarifications

•Amendment does not affect recombinant portion of the protocol _____

•Request Full IBC review (area of concern) _____

•Comments: _____

•This amendment has been noted, and does not require full IBC review _____

IBC Chair signature or Designee

Please complete and mail to:
Kathleen Rein, IBC Chair
Department of Chemistry and Biochemistry
Florida International University
Miami, FL 33199