**For Activities Involving the Use of Infectious and Potentially Infectious Agents/Materials and Biological Toxins including GMO/LMO**

The Principal Investigator (PI) is responsible for completing this form. The IBBC reserves the right to determine whether the amendments are substantive, and may request further information for a new NOI submission, whenever required or applicable. Please note that the proposed amendments may not be implemented without prior written approval from the IBBC. Submission is to be made by email and accompanied by original signed document to:

**Institutional Biosafety & Biosecurity Committee (IBBC)**

Biosafety Officer
Universiti Putra Malaysia
Phone: 03-9769 1653
Email: ibbc@upm.edu.my

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| **Principal Investigator (PI):** |  |
| **IBBC Registration No.:** |  |
| **Project Title:** |  |

**Reason(s) for amendment application:**

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Changes of laboratory personnel (please fill up Table 1).

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Changes to experimental design (please fill up Table 2).

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Changes to infectious or potentially infectious agents/materials and biological toxins including GMO/LMO (please fill up Table 3).

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Changes in the location where the activities are to be performed (please fill up to Table 4).

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| **TABLE 1: CHANGES TO LABORATORY PERSONNEL** |
| **List of personnel added (Please complete UPM/IBBC/PBR form).**  |
| **Name** | **Designation** | **Email & Contact No.** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **List of personnel removed.** |
| **Name** | **Previous Designation** |
|  |  |
|  |  |
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| **TABLE 2: CHANGES TO EXPERIMENTAL DESIGN** |
| **Describe the details of the new experimental design. (*Please highlight the changes and use flow* *chart(s) where possible)* :** |
| **Reason for the changes. *(Please provide information with regards to how this amendment affects* *laboratory biosafety)*:** |

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| **TABLE 3: CHANGES TO INFECTIOUS OR POTENTIALLY INFECTIOUS AGENT/MATERIALS AND BIOLOGICAL TOXINS** |
| **List new agents and/or toxins added to the project.** |
| **No.** | **Name** | **Risk Group** |
|  |  |  |
|  |  |  |
|  |  |  |
| **List agents and/or toxins removed from to the project.** |
| **No.** | **Name** |
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| If there is a change in the RG and route of transmission as compared to the original NOI, a risk assessment has to be done. |

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| **TABLE 4: CHANGES IN THE LOCATION WHERE THE ACTIVITIES IS TO BE PERFORMED** |
| **No** | **Building & Room No.** | **Activity to be Performed** | **Biosafety Level** |
|  |  |  | BSL1 | BSL2 | BSL3 |
|  |  |  | BSL1 | BSL2 | BSL3 |
|  |  |  | BSL1 | BSL2 | BSL3 |

**I declare that all the information provided in this application is accurate to the best of my knowledge and I understand that the outcome of this application is subjected to the decision of the Universiti Putra Malaysia IBBC.**

Signature and stamp of PI: Date:

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| **FOR IBBC OFFICIAL USE ONLY** |
| Decision by IBBC: | Approved |  |
| Not Approved |  |
| Signature of IBBC Chairman: |  |
| Date: |  |