

AMENDMENT TO AN APPROVED IBC REGISTRATION

Submission date:

PI name:

IBC Registration Title:

IBC Registration #:

If you are adding experiments that involve an infectious agent or viral vector, you need to complete an agent specific training form or viral-vector training form, respectively. Forms may be obtained at <https://www.des.umd.edu/general/form.cfm>

Submit completed amendment and training forms (when needed) to biosafety@umd.edu.

Please provide below a detailed explanation of the changes you wish to make to your registration