

**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**

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**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