University of Mississippi Medical Center Institutional Biosafety Committee Update & Modification Form

Section 1: GENERAL INFORMATION				
Principal Investigator (PI)	Department			
Email	Phone			

Section 2: BIOHAZARD RESEARCH ACTIVITY				
I NO LONGER participate in activities involving biohazards.				
PLEASE COMPLETE AND SUBMIT THI				
There have been no changes to my curre PROCEED TO SECTION 3	ent registration since my last update/modification to the IBC.			
I would like to make changes to my curre	nt registration.			
Location(s)				
Alternate Contact Person				
Personnel	IF YOU NEED TO ADD OR REMOVE PERSONNEL, PLEASE INDICATE THIS IN SECTION 4.			
Registered Materials	Recombinant or Synthetic Nucleic Acid Molecules			
To add registered materials to your current registration, PLEASE SUBMIT THE APPROPRIATE	Microorganisms			
REGISTRATION FORMS AND PROJECT DESCRIPTION.	Primate/human cells and tissues (includes use of non-human primates)			
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Section 3: REGISTERED MATERIALS

Please complete the appropriate section(s), based upon your registration.

Recombinant or Synthetic Nucleic Acid Molecules					
Biological Agents	Location of Use		Storage		
	Building/Room #	Biosafety Level	Location	Unit Type	Lockable

Microorganisms					
Biological Agents	Location of Use		Storage		
	Building/Room #	Biosafety Level	Location	Unit Type	Lockable

Primate/human cells and tissues (includes use of macaques)						
Biological Agents	Location of Use		Storage			
	Building/Room #	Biosafety Level	Location	Unit Type	Lockable	

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	ction 4: PERSONNEL INVOLVED IN PROPERTY OF THE			RSONNEL)		
		Position		Employee	Personnel Changes	
				Number	Add	Remove
1						
3						
4						
5						
6						
7						
9						
10						
	-				1	
Sec	tion 5: GRANT/STUDY TITLES ASSOC	IATED	WITH IBC REGISTRAT	ION		
Gra	nt/ Study Title	Fur	ding Agency		Fundin	g Dates
Sec	ction 6: USE OF BIOHAZARD(S) IN ANI	MALS				
Doe	es registration involve the use of biohazard		nimals?			
	lo					
<u> </u>	Yes Biohazard(s) Animal Species					
804	ction 7: SHIPPING OF BIOHAZARDS					
	es registration involve shipping of biohazar	rd(s)?				
No						
	Yes Biohazard(s)					
Shipment Type						
Personnel performing shipments						
Soc	ction 8: PRINCIPAL INVESTIGATOR'S	ACCIID	ANCE			
	ree that I am fully responsible for compliance			rch Involving Re	combinan	t or
	thetic Nucleic Acid Molecules (NIH Guidelines					
(BN	IBL) during the conduct of research involving i	recombir	nant or synthetic nucleic a	cid molecules ar	nd other	
	nazardous materials authorized for use throug	h the UN	IMC IBC. I will ensure pro	per containmen	t and adhe	ere to all
	MC Biosafety/IBC policies. Name:		Date			
	name.		Date			
` •	(By electronically entering your name, you agree to the					
above statement.)						
To s	ubmit form electronically, save a copy and em	ail to kke	ennedy@umc.edu.			

TO BE COMPLETED BY IBC	
Registration Number:	Date of Laboratory Inspection: