



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

**Section 4: PERSONNEL INVOLVED IN PROJECT (INCLUDING NEW PERSONNEL)**  
 PLEASE SUBMIT AN INFORMED CONSENT FORM FOR NEW PERSONNEL.

	Name	Position	Employee Number	Personnel Changes	
				Add	Remove
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Section 5: GRANT/STUDY TITLES ASSOCIATED WITH IBC REGISTRATION**

Grant/ Study Title	Funding Agency	Funding Dates

**Section 6: USE OF BIOHAZARD(S) IN ANIMALS**

Does registration involve the use of biohazard(s) in animals?  
 No  
 Yes      Biohazard(s)      Animal Species

**Section 7: SHIPPING OF BIOHAZARDS**

Does registration involve shipping of biohazard(s)?  
 No  
 Yes      Biohazard(s)  
             Shipment Type  
             Personnel performing shipments

**Section 8: PRINCIPAL INVESTIGATOR'S ASSURANCE**

I agree that I am fully responsible for compliance with the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules (NIH Guidelines) and the Biosafety in Microbiological and Biomedical Laboratories (BMBL) during the conduct of research involving recombinant or synthetic nucleic acid molecules and other biohazardous materials authorized for use through the UMMC IBC. I will ensure proper containment and adhere to all UMMC Biosafety/IBC policies.

<b>P.I. Name:</b>  (By electronically entering your name, you agree to the above statement.)	<b>Date</b>
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To submit form electronically, save a copy and email to [kkennedy@umc.edu](mailto:kkennedy@umc.edu).

<b>TO BE COMPLETED BY IBC</b>	
Registration Number:	Date of Laboratory Inspection: