

UPDATE & MODIFICATION FORM
Institutional Biosafety Committee
The University of Mississippi Medical Center
(Approved September 2004)

IBC USE ONLY: Received: _____ Approved: _____ Level _____ Signature: _____

Applicant's Name _____ Department _____ Telephone _____

E-mail _____ Project Start Date _____ Expected Duration _____

Project Title _____

- 1) Copy of last REGISTRATION or UPDATE & MODIFICATION FORM attached? Yes
- 2) Project description attached? Yes
- 3) Changes from last registration? Yes (proceed to #4) None (STOP HERE)
- 4) Check and complete only those items that differ from your last registration.

RECOMBINANT DNA

- Organism (name):
- Insert:
- Host-vector system:
- Biosafety Level(s): Exempt/BSL-1 BSL-1 BSL-2 BSL-3 BSL-4
- Citation of current NIH guidelines: _____ Month/Year _____
[\[http://www4.od.nih.gov/oba/rac/guidelines_02/NIH_Gdlnes_Ink_2002z.pdf\]](http://www4.od.nih.gov/oba/rac/guidelines_02/NIH_Gdlnes_Ink_2002z.pdf)
Section _____ Section _____
Appendix _____ Appendix _____

PATHOGENIC MICROORGANISMS

- Agent type: Parasitic Fungal Bacterial Rickettsial Viral Other _____
- Organism (name):
- Risk Group(s): RG1 RG2 RG3 RG4
- Biosafety Level(s): BSL-1 BSL-2 BSL-3 BSL-4
- Citation of current CDC guidelines: _____ Edition _____ Year _____
[\[http://www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm\]](http://www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm)
Page(s) _____ or Section _____ Agent _____
- and/or current NIH guidelines: _____ Month/Year _____
[\[http://www4.od.nih.gov/oba/rac/guidelines_02/NIH_Gdlnes_Ink_2002z.pdf\]](http://www4.od.nih.gov/oba/rac/guidelines_02/NIH_Gdlnes_Ink_2002z.pdf)
Section _____ Section _____
Appendix _____ Appendix _____
- Health surveillance (attach description):

GENERAL

- Location of activity: Building _____ Room number(s) _____
- Names and applicable qualifications of all project personnel: