**Creighton University Institutional Biosafety Committee**

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Fax: 402-280-4766 • [www.creighton.edu/researchcompliance/biosafety](http://www.creighton.edu/researchcompliance/biosafety)

 *IBC Form 8*

**Modification – Change in Study Personnel ONLY**

**Demographic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator Name:  |       | E-mail:  |       |
| Department and School:  |       | Phone:  |       |
| 1. IBC Number:
 |       |
| 1. Project Title:
 |       |

Identify all personnel who will work on this project, providing documentation indicating their level of training and experience in working with infectious agents. All personnel working on the project must have completed and be current with CITI Biosafety training.

1. Will any new research personnel be **ADDED** to the study at this time?

[ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| **Investigator/Study Personnel Name** (include degree/credentials) | **Role in the Study** (Investigator, Coordinator, Data Entry, Technician, Student Investigator) | **Responsibilities** (list the number from the Study Responsibilities table below) |
|       |       |       |
|       |       |       |
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B. Will any research personnel be **REMOVED** from the study at this time?

[ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Investigator/Study Personnel Name (include degree/credentials) | Role in the Study (Investigator, Coordinator, Data Entry, Technician, Student Investigator) |
|       |       |
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C. Is the following required training completed?

  [ ]  Biosafety Training

 [ ]  Responsible Conduct of Research course

 [ ]  CV

Signature of Principal Investigator Date

IBC Use Only

[ ]  Approved [ ]  Disapproved

IBC Signature Date

[ ]  IBC-signed copy returned to Registrant