

## BIOLOGICAL USE AUTHORIZATION (BUA) AMENDMENT AUBURN UNIVERSITY

Please note that BUAs expire three years from the **original** approval date.

Today's date: _____	Renewal Date: _____	BUA Nbr: _____
P.I.: _____	Email: _____	Phone: _____
Lab Contact: _____	Email: _____	Phone: _____
Department: _____	Building: _____	Room No.: _____

**Do any of the changes described below raise the biosafety level of this project** Yes  No   
 (If yes, please complete a new BUA for the project).

**Please enter the project's title.** \_\_\_\_\_

**Animal care protocol #** (If applicable.) \_\_\_\_\_

**Are there any changes in project location?** (If the answer is yes, please list the changes below.) Yes  No

Add	Delete	Building Name and Room Number
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

**Are there changes in the organisms?** (If the answer is yes, please list the changes below.) Yes  No

Add	Delete	Organism	Biosafety Level		
<input type="checkbox"/>	<input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Are these organisms in active use or are they being stored in the laboratory?

Active use  Storage

**Are there changes in personnel?** (If the answer is yes, please list the changes below.) Yes  No

Add	Delete	Last Name	First Name, MI	Banner ID #	Appropriate Training Taken and Documented		
					Biosafety	Bloodborne Pathogen	Medical Waste
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Are there changes in laboratory procedures?** (If the answer is yes, please summarize your request for the amendment either in the space below or in an attachment.) Yes  No

PI's signature: \_\_\_\_\_  
 IBC Chair /BSO signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_