**CHANGE IN RESEARCH FORM**

Use this form to submit any changes to IBC-approved research locations and/or updated Sponsor documents. To change the Principal Investigator of an IBC-approved study, complete a [Change in Principal Investigator Form](https://www.wcgirb.com/how-to-submit/ibc-forms/).

Note that IBC approval of new research areas and/or study agent handling procedures is required prior to initiating study agent-related research activities in those areas.

Provide this completed form and the appropriate documents listed below to IBC Services via email at [IBCServices@wcgirb.com](mailto:IBCServices@wcgirb.com).

SUBMISSION REQUIREMENTS:

For changes or updates to Sponsor study documents, the following must be provided (as applicable):

New or updated Protocol

New or updated Investigator’s Brochure

New or updated Pharmacy/Handling Manual

For changes in site facilities, the following documents must be provided (as applicable):

New or updated Site Map(s)

New Site Photos(s)

**1. INSTITUTION AND STUDY INFORMATION**

Institution Name:

Principal Investigator(s):

Sponsor(s)/Protocol(s):

Do you have new or updated Sponsor documents to submit? Yes\*  No

*\*If yes, attach the documents, including redlines/summaries of changes if available.*

Do you have site changes to submit?  Yes\*  No

*\*If yes, complete the remainder of this form.*

**2. SITE CHANGE INFORMATION**

Provide a description of the change:

Indicate which study agent-related research areas are affected by the change, and provide the requested information below with site maps and photos of new areas as needed. For each change, indicate whether the new room will be used *in addition to* those already approved by the IBC or if the new room is *replacing* those already approved by the IBC.

Study agent storage:

New room number/name:  Replacement  Addition

Does the new room/area have:

* A closeable door?  Yes  No

Study agent dose preparation:

New Room Number/Name:  Replacement  Addition

Does the new room/area have:

* A closeable door?  Yes  No
* A handwashing sink?  Yes  No
* A plumbed eyewash?  Yes  No
* Hand sanitizer?  Yes  No
* Disposable eyewash bottles?  Yes  No
* A sharps container?  Yes  No
* A non-sharps biohazardous waste container?  Yes  No

Study agent dosing:

New Room Number/Name:   Replacement  Addition

Does the new room/area have:

* A closeable door?  Yes  No
* A handwashing sink?  Yes  No
* A plumbed eyewash?  Yes  No
* Hand sanitizer?  Yes  No
* Disposable eyewash bottles?  Yes  No
* A sharps container?  Yes  No
* A non-sharps biohazardous waste container?  Yes  No

Study-generated biohazardous waste storage:

New Room Number/Name:   Replacement  Addition

Does the new room/area have:

* A closeable door?  Yes  No

If any of the areas noted above are in a location not-yet-reviewed by the IBC, provide the information below:

New Facility/Building Name:

New Rooms/Areas:

Address:

City: State:  Zip code:

Will study staff working in the new areas noted above be trained on the study-specific Biosafety SOP?

Yes  No\* *\*If no, please explain:*

**3. PERSON COMPLETING THIS FORM**

Name and Job Title: Date:

Phone:  Email: