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Registration no.:

Date received:

**INSTITUTIONAL BIOSAFETY & BIOSECURITY COMMITTEE (IBBC)  
UNIVERSITI MALAYA**

**AMENDMENT FORM**

**For Activities Involving the Use of Infectious and Potentially Infectious Agents/Materials and  
Biological Toxins**

The Principal Investigator (PI) is responsible for completing this form. The IBBC reserves the right to determine whether the amendments are substantive, and may request further information for a new NOI submission, whenever required or applicable. Please note that the proposed amendments may not be implemented without prior written approval from the IBBC. Submission is to be made by email and accompanied by original signed document to:

**Institutional Biosafety & Biosecurity Committee (IBBC)**

Office of Safety and Health  
c/o Ms Faizatul Lela Jafar  
Level 3, Chancellery Building  
University of Malaya.  
Phone: 03-7967 6661/2414  
Email: secretariat\_ibbc@um.edu.my

<b>Principal Investigator(PI):</b>
<b>Project title:</b>
<b>IBBC registration no.:</b>

**Reason(s) for amendment application:**

Changes of laboratory personnel (*please fill up table 1*)

Changes to experimental design (*please fill up table 2*)

Changes to infectious or potentially infectious agents/materials and biological toxins (*please fill up table 3*)

Changes in the location where the activities are to be performed (*please fill up table 4*)

**TABLE 1: CHANGES TO LABORATORY PERSONNEL**

<b>List of personnel added</b>			
<b>Name</b>	<b>Designation</b>	<b>Email &amp; contact no.</b>	<b>Signature</b>
<b>List of personnel removed</b>			
<b>Name</b>		<b>Previous designation</b>	

**TABLE 2: CHANGES TO EXPERIMENTAL DESIGN**

**Describe the details of the new experimental design (*Please highlight the changes and use flow chart(s) where possible*) :**

<b>Reason for the changes (<i>Please provide information with regards to how this amendment affects laboratory biosafety</i>):</b>

**TABLE 3: CHANGES TO INFECTIOUS OR POTENTIALLY INFECTIOUS AGENTS/MATERIALS AND BIOLOGICAL TOXINS**

List new agents and/or toxins added to the project		
No	Name	Risk Group

List agents and/or toxins removed from to the project	
No	Name

If there is a change in the RG and route of transmission as compared to the original NOI, a risk assessment has to be done.

TABLE 4: CHANGES IN THE LOCATION WHERE THE ACTIVITIES IS TO BE PERFORMED			
No	Building & Room No.	Activity to be Performed	Biosafety Level
			BSL 1    BSL2    BSL3
			BSL 1    BSL2    BSL3
			BSL 1    BSL2    BSL3

I declare that all the information provided in this application is accurate to the best of my knowledge and I understand that the outcome of this application is subjected to the decision of the Universiti Malaya IBBC.

Signature and stamp of PI

Date

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Decision by Institutional Biosafety & Biosecurity Committee	
Approved	Not Approved
Signature of IBBC Chairman:	Date: