**CHANGE IN RESEARCH FORM – site changes**

Use this form to submit any changes to IBC-approved research locations and/or study agent handling procedures. To change the Principal Investigator of an IBC-approved study, complete a [Change in Principal Investigator Form](https://www.wcgclinical.com/irb-resources/ibc-forms/). To provide updated protocols and other Sponsor documents pertaining to an IBC-approved study, complete a [Change in Research Form – Sponsor Documents](https://www.wcgclinical.com/irb-resources/ibc-forms/).

Note that IBC evaluation 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@wcgclinical.com. Failure to provide the required documents may result in a delay in evaluating the proposed change(s).

REQUIRED DOCUMENTS:

[ ]  New or updated Site Map(s)

[ ]  New or updated Photo(s)

[ ]  BSC/CACI Certification Report (if used; provide most recent certification report)

**1. INSTITUTION AND STUDY INFORMATION**

Institution Name:

Principal Investigator(s):

Sponsor(s)/Protocol(s):

**2. SITE CHANGE INFORMATION**

Provide a brief description of the change:

Below, indicate which study agent-related research areas are affected by the change. Photographs and site maps showing new research areas **must be provided** with this form to evaluate your request.

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 or is it a restricted area? [ ]  Yes [ ]  No

Provide photos showing the following: Photo provided?

* The overall room/area [ ]  Yes [ ]  No
* The storage unit (labeled with a biohazard symbol) [ ]  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

Provide photos showing the following: Photo provided?

* The overall room/area [ ]  Yes [ ]  No
* Handwashing sink [ ]  Yes [ ]  No
* Eyewash station/bottles [ ]  Yes [ ]  No
* Sharps and biohazardous waste containers [ ]  Yes [ ]  No
* BSC or countertop (where preparation will occur) [ ]  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

Provide photos showing the following: Photo provided?

* The overall room (representative photo is okay) [ ]  Yes [ ]  No
* Handwashing sink [ ]  Yes [ ]  No
* Eyewash station/bottles [ ]  Yes [ ]  No
* Sharps and biohazardous waste containers [ ]  Yes [ ]  No

[ ]  Study-generated biohazardous waste storage:

New Room Number/Name:  [ ]  Replacement [ ]  Addition

Does the new room/area have:

* A closeable door? [ ]  Yes [ ]  No

Provide photos showing the following: Photo provided?

* The overall room/area [ ]  Yes [ ]  No
* The door leading to this room/area [ ]  Yes [ ]  No

If any of the areas listed above are in a new facility 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: