

**Biosafety and Radiation Safety Amendment Request**

# Section 1: Overview

**1.1. Project Title:** Click here to enter text.

**1.2. BRSC Number:**

**1.3. Name of Chief Investigator:** Click here to enter text.

**1.4. Indicate the nature of the amendment**

*Mark all relevant amendment types. Sections 1 and 7 must be completed for all amendment types. Sections 2 – 6 should only be completed when relevant.*

Change to the Research Team (*adding or removing personnel*) – *Complete Section 2*

Change of micro-organism or biological material – *Complete Section 3*

Change of procedure/protocol – *Complete Section 4*

Extension of study duration – *Complete Section 5*

Other, Please specify: Click here to enter text. – *Complete Section 6*

**1.5. Considering the original aims of the project, provide the reason/s and justification/s for this amendment.**

Click here to enter text.

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| **1.6. List all previously approved amendments**  *Refer to Amendment Approval Letter/s* | |
| **Approval Date** | **Amendment Description** |
| Click here to enter a date. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. |

# Section 2: Changes to the Research Team

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1. New Investigator/Student/Staff involved in the project**  *Note: Insert a copy of this box below for each additional person.*  2.1.1. Title: Click here to enter text.  2.1.2. First Name: Click here to enter text.  2.1.3. Last Name: Click here to enter text.  2.1.4. School/Institute Name: Click here to enter text.  2.1.5. Work phone: Click here to enter text. 2.1.6. After hours phone: Click here to enter text.  2.1.7. E-mail address: Click here to enter text.  2.1.8. Role in Project:   |  |  |  |  | | --- | --- | --- | --- | | Student  WSU ID: Click here to enter text. | Investigator  WSU ID: Click here to enter text. | | Professional Staff  WSU ID: Click here to enter text. | | Non-WSU Student (*if working at a WSU facility*)  Institution: Click here to enter text. | | Non-WSU Investigator (*if working at a WSU facility*)  Employer: Click here to enter text. | |   2.1.9. Provide details of relevant qualifications, experience and training ([*see training requirements for laboratories and facilities*](https://www.westernsydney.edu.au/research/research_ethics_and_integrity/biosafety)): Click here to enter text.  Training (*check relevant boxes*):  Local onsite induction  Biosafety and working in PC2 facilities  - Provide details of training (institution, format, and year): Click here to enter text.  Working in OGTR certified facilities (or has been trained in accordance with the OGTR behavioural requirements, including the guidelines for transport, storage, and disposal of GMOs)  - Provide details of training (institution, format, and year):  Approved arrangement accreditation  [SSBA regulatory scheme training](https://www.health.gov.au/our-work/ssba-regulatory-scheme#roles-and-responsibilities:~:text=reporting%20requirements.-,Roles%20and%20responsibilities,-Learn%20about%20the)  Radiation safety -  sealed sources,  unsealed sources,  X-ray equipment fixed,  X-ray equipment portable  - Provide details of training (institution, format, and year): Click here to enter text.  Laser safety  - Provide details of training (institution, format, and year): Click here to enter text.  2.2.10. Provide specific details of duties, tasks, and procedures to be performed in this project: Click here to enter text.  I certify that I have read the protocol and understand my obligations and responsibilities.  Signature: Date: Click here to enter a date. |

**2.2. Remove a person from an approved protocol.** *Note: Insert a copy of the box for each additional person*

2.2.1. Name: Click here to enter text. 2.2.2. School/Institute/Organisation: Click here to enter text.

2.2.3. Indicate the category of this person in the project:

(Indicate with X)  Western Sydney U Student  Western Sydney U Investigator

Western Sydney U Chief Investigator  Western Sydney U Professional Staff

Non- Western Sydney U Student  Non- Western Sydney U Investigator

# Section 3: Change of micro-organism or biological material

**3.1.** What is the nature and rationale for the change?

**3.2.** Are any additional biosafety risks associated with this change? ☐ Yes ☐ No

**3.2.1.** If Yes, attach the previously approved BRSC application with the revisions highlighted. The risk assessment and risk control measures need to be clearly indicated.

# Section 4: Change of procedure/protocol

**4.1.** What is the nature and rationale for the change?

**4.2.** Are any additional biosafety risks associated with this change? ☐ Yes ☐ No

**4.2.1.** If Yes, attach the previously approved BRSC application with the revisions highlighted. The risk assessment and risk control measures need to be clearly indicated.

# Section 5: Extension of study duration

Note: The total approval time cannot be more than three (3) years. If a project needs to continue further than 3 years, a new application is required.

**5.1.** Original Approval Date: Click here to enter a date. **5.2.** Current Approval Expiry Date: Click here to enter a date.

**5.3.** Requested Expiry Date: Click here to enter a date.

If not sure see – [Western Sydney University Researcher Portal](https://research-report.uws.edu.au/wpubs/Portal.asp)

# Section 6: List any other changes

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| **6.1. Describe the nature of the change** |

# Section 7: Declaration of Chief Investigator

All the details provided in this amendment request are correct and I agree to ensure that any changes will not be implemented until approval from the BRSC is received.

Name of Chief Investigator: Click here to enter text.

Signature: Date: Click here to enter a date.

Forward to the Ethics Officer – [biosafetyradiation@westernsydney.edu.au](mailto:biosafetyradiation@westernsydney.edu.au)