

**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:

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| --- | --- | --- |
| [ ]  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