**Swinburne Biosafety Committee**

**Application for modification to approved biosafety projects**

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| --- |
| DATE RECEIVED |
| *Swinburne Research Office use only* |

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| 1(a) | SBC Biosafety Project Number |
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| --- | --- |
| 1(b) | Title of project |
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| 2 |  | |
| Project Supervisor (must be a Swinburne staff member) | | |
| Title: | | Name: |
| Department: | | |

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| 3 | Modification Summary. (please check relevant boxes and provide a brief, plain English explanation of the modification/summary) |

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| Personnel (changes)  Procedures (modification)  Facility (change)  Project/sub-project (addition)  Other |

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| 4 | Provide a list of the SOPs and Risk Assessments to be used. (Attach all to application) |
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| --- | --- |
| 5 | Project Supervisor/Chief Investigator - Sign-off |
| I declare that the above project has been developed and will be conducted in accordance with relevant Swinburne standards, policies and codes of practice, including any standard or special conditions for on-going biosafety clearance. I further declare that all listed and subsequently appointed researchers or assistants involved in this project will be made aware of the conditions of approval as communicated to me, including approved documentation and procedures.  Name: Signature: | |