

University of California, Merced  
Biological Use Authorization Amendment

If you have significant changes in procedures and/or organisms, please submit a new BUA application. Please note that BUAs expire three years from the original approval date.

Today's date: \_\_\_\_\_ Renewal date: \_\_\_\_\_ BUA No.: \_\_\_\_\_  
 P.I.: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Lab Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room No.: \_\_\_\_\_

Is the project active? (If the answer is no, don't continue filling out this form.) Yes  No

Please enter the project's title. \_\_\_\_\_

Animal care protocol # (If applicable.) \_\_\_\_\_

Are there any changes in project location? (If the answer is yes, please list the changes below.) Yes  No

Add	Delete	Building Name and Room Number
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there changes in the organisms? (If the answer is yes, please list the changes below.) Yes  No

Add	Delete	Organism	Biosafety Level					
<input type="checkbox"/>	<input type="checkbox"/>	_____	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Are there changes in personnel? (If the answer is yes, please list the changes below.) Yes  No

Add	Delete	Last Name	First Name, MI	UCD ID	Appropriate Training Taken and Documented		
					Biosafety	Bloodborne Pathogen	Medical Waste
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is medical surveillance required? Yes  No

Are there changes in laboratory procedures? (If the answer is yes, please summarize your request for the amendment either in the space below or in an attachment.) Yes  No

PI's signature: \_\_\_\_\_ Date: \_\_\_\_\_