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| **Amendment or Renewal Questionnaire** |  |
| **Biohazard Use Authorization** |  |

Use this form for your annual BUA renewal or if you need to amend your BUA. Attach documentation as needed for your request. Note: This is a fill-in Word form you can fill out on your screen.

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|  |  |  |  |  |
| Requestor Name |  | BUA# to be amended/renewed |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Email Address |  | Contact Telephone |  | Office Location |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Are there changes in the location(s) where the work will be conducted?  | [ ]  Yes [ ]  No | Attach details if you need more space |
| 2. | Are there changes in biological materials used? | [ ]  Yes [ ]  No | Attach updated Attachment 1 – RG-2 |
| 3. | Do the changes involve recombinant or synthetic nucleic acid molecules?  | [ ]  Yes [ ]  No | Attach updated Attachment 2 - RSNA |
| 4. | Do the changes involve additional hazards, like new equipment type or handling procedures?  | [ ]  Yes [ ]  No | Attach new SOPs Attachment 3 -SOPs |

If you checked YES to any of the above questions, briefly describe the amendments you wish to make to your approved BUA.

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| 5. Are you adding or deleting personnel? | [ ]  Yes [ ]  No | If yes, record them below. |
| First Name Last Name | SFSU ID | SFSU Email Address | New | Leaving |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |

Note: If the only change is to the personnel in your group, you will not be assigned a BUA amendment number.

**RENEWAL** **[ ]  Annual RENEWAL of the current BUA is approved.**

**AMENDMENT** **[ ]  The BUA is approved as amended.**

**[ ]  This is a MAJOR amendment. A new BUA is required.**

BSC Chair       Date Signed

EH&S Rep       Date Signed