



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.

Requestor Name _____ BUA# to be amended/renewed _____ Date _____

Email Address _____ Contact Telephone _____ Office Location _____

- Are there changes in the location(s) where the work will be conducted? Yes No
- Are there changes in biological materials used? Yes No
- Do the changes involve recombinant or synthetic nucleic acid molecules? Yes No
- Do the changes involve additional hazards, like new equipment type or handling procedures? Yes No

Attach details if you need more space

Attach updated Attachment 1 – RG-2

Attach updated Attachment 2 - RSNA

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.

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
				<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"/>

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 _____

Major Revision: Major changes will require a new BUA application. The BSC will determine which changes constitute a “major” change.