# EHRS Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. Doc. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# penn_fulllogo

**r∙s∙NA REGISTRATION AMENDMENT FORM**

**NOTE:** If you are changing the **VECTOR** or **METHOD** of gene delivery you must file a new registration. Any questions should be referred to a Biosafety Officer at 215-898-4453.

Principal Investigator:       Penn ID#:

This form amends (refers to) IBC registration #:

**I.** [ ]  I am terminating this project.

**II.** Adding a **TRANSGENIC BREEDING PAIR** to an existing registration.

**Transgenic Rodents**: (must check off at least one of the following)

[ ]  require ABSL-2 or higher containment

[ ]  contain a transgene under the control of a gamma retroviral promoter

[ ]  contain a transgene encoding more than 50% of an exogenous eukaryotic virus

 Specify existing line and the genotype of the newly creating transgenic strain:

|  |  |  |  |
| --- | --- | --- | --- |
| **Existing Transgenic Line “A”** | **Existing Transgenic Line “B”** | **Newly Bred Line “C”** | **Genotype of New Transgenic** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**III.** Adding a **TRANSGENE** to an existing registration.

Specify the nature of the gene sequence inserted into the recombinant vector:

|  |  |  |  |
| --- | --- | --- | --- |
| **Promoter** | **Gene Name** | **Source of gene** (genus, species) | **Biological Activity of Sequence** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**IV.** Adding a **TARGET RECIPIENT** to an existing registration.

Indicate the recipient(s) of the r∙s∙DNA (check all that apply).

 [ ]  Animal only (specify species and if mouse, strain):

 [ ]  Tissue Culture only (specify cell line name and source):

 [ ]  Tissue culture cell lines into animals

 Specify cell line name and source:

 Specify animal species/mouse strain:

 [ ]  Plant cells:

 [ ]  Plants:

 [ ]  Gene therapy, specify target host (s): [ ]  Human [ ]  Animal –

 species/mouse strain:

 [ ]  DNA vaccine, specify target recipients (s): [ ]  Human [ ]  Animal –

 species/mouse strain:

**V.** Adding **GENOME EDITING TECHNOLOGY** (e.g. CRISPR/Cas9, Zinc Finger Nucleases (ZFNs), TALEN, etc.).

 [ ]  Adding gene(s) targeted for editing:

|  |  |  |
| --- | --- | --- |
| **Gene Name** | **Target Species**  | **Biological Activity of Sequence** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 [ ]  Adding consequences for editing:

[ ]  Deletion

[ ]  Insertion

[ ]  Mutation

[ ]  Transcriptional regulation

[ ]  Other, describe:

 [ ]  Adding delivery method:

1. Are the nuclease (i.e.: Cas9, Cpf1, etc.) and guide RNA on the same plasmid, vector, or delivery vehicle?

[ ]  No [ ]  Yes

1. Identify how the nuclease is delivered

[ ]  RNA [ ]  Protein [ ]  Plasmid [ ]  Viral Vector, type:

[ ]  Other, describe:

1. Identify how guide RNA is delivered

[ ]  RNA [ ]  Plasmid [ ]  Viral Vector, type:

[ ]  Other, describe:

**VI.** Adding or removing **PERSONNEL** on an existing registration.

|  |  |  |
| --- | --- | --- |
| **Name** | **Penn ID** |  |
|       |       | [ ]  ADD [ ]  REMOVE |
|       |       | [ ]  ADD [ ]  REMOVE |
|       |       | [ ]  ADD [ ]  REMOVE |
|       |       | [ ]  ADD [ ]  REMOVE |

**VII.** Changing the **BIOSAFETY CONTAINMENT LEVEL** from the approved Biosafety Containment Level in the existing registration.

1. This project will be conducted at Biosafety Level: [ ]  1 [ ]  2 [ ]  3
2. This project will be conducted at Animal Biosafety Level: [ ]  N/A [ ]  1 [ ]  2 [ ]  3

**VIII.** Your signature below indicates that you acknowledge all requirements and restrictions of the most current NIH guidelines for the Biosafety Level you have indicated above, unless modified by the IBC; that you accept responsibility for the safe conduct of the experiments conducted at this Biosafety Level; and that you have informed all associated personnel of the conditions required for this work.

**Signature of Principal Investigator:**       Date**:**

Sponsorship (\*Required only if investigator is not a member of the Standing or Associated Faculty)

Faculty Sponsor\* (PRINT):

Faculty Sponsor\* (SIGNATURE):       Date: