

**STEM CELL RESEARCH OVERSIGHT
AMENDMENT TO HUMAN STEM CELL RESEARCH PROTOCOL**



PPM 220-02 governs the conduct of human stem cell research at the University of California, Davis. Please read this policy prior to completing this application. ([PPM 220-02 Stem Cell Research](#)).

Please Note: Failure to complete this form or to include other necessary documents may delay review by the Stem Cell Research Oversight Committee (SCRO). Please attach copies of any other necessary approvals or agreements (i.e. MTAs or approval(s) from IRB, IACUC or BSAAC) as well as a revised version of the previously approved protocol. Changes may not be implemented until SCRO Committee approval has been obtained.

Principal Investigator:		Date:
Phone #:	Email:	
Department:		
Contact Person (Name, Phone #, Email):		
SCRO Protocol #	Title of the Research:	

Reason for Amendment (Please check all that apply, AND please do not include previously approved items.)	
<input type="checkbox"/> Change in Stem Cell Lines <input type="checkbox"/> Change in Objective / Procedure <input type="checkbox"/> Add Funding Source <input type="checkbox"/> Remove Funding Source <input type="checkbox"/> Change in Location of Study <i>Previous Location:</i>	<input type="checkbox"/> Add Investigator to the Project. <i>Please check qualification certification</i> <input type="checkbox"/> "I, the PI of this project, certify the individuals on the protocol have the experience, expertise, or training to work with human stem cells." <input type="checkbox"/> Remove Investigator from the Project <input type="checkbox"/> Change of Principal Investigator <i>Previous PI Name:</i> <input type="checkbox"/> Other:

Please summarize any changes you propose to make to the study. If more space is required for explanations, please attach additional page(s).

Principal Investigator: _____ Date: _____

Submit this completed request for amendment via email: RECO@ucdavis.edu

SCRO Committee Recommendation.	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied, <i>Letter of Explanation Attached</i>	
_____	_____
Signature, SCRO Committee Chair/ Vice Chair/ Designee	Date of Approval