

**SAN DIEGO STATE UNIVERSITY  
INSTITUTIONAL BIOSAFETY COMMITTEE**

**BIOLOGICAL USE AUTHORIZATION (BUA)  
PERSONNEL UPDATE FORM**

PI: \_\_\_\_\_ Department: \_\_\_\_\_  
BUA#: \_\_\_\_\_ BUA Title: \_\_\_\_\_

The authorized personnel listed on my original BUA application or on the most recent update have changed. Add or delete the following names as indicated (✓ the appropriate box). Include email address, Red ID# and Biosafety Training Date for additions.

<u>Name</u>	<u>Email Address</u>	<u>Red ID#</u>	<u>Biosafety Training Date</u>	<u>Add</u>	<u>Delete</u>

Principal Investigator/Instructor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit completed Form to: Millie Dizon Tran, BSO  
[mdizon@mail.sdsu.edu](mailto:mdizon@mail.sdsu.edu)  
619-594-2865  
MC 1243