

Brooklyn College Change in Personnel Form

Amendments that add or delete personnel named on a protocol may be administratively approved by the Office of Research Compliance. Changes in the Principal Investigator or co-Principal Investigator are reviewed by the full committee, either at a convened meeting or by designated review.

Note: This form is for personnel additions/deletions only. All other protocol amendments must be submitted on the Protocol Amendment form.

Until the modification is approved, new study personnel may not participate in animal work for this protocol.

Please submit the completed form to iacuc@brooklyn.cuny.edu or send to: Office of Research Compliance, James Hall Rm 1306

I. Administrative Information:

Protocol Number(s): _____

Principal Investigator: _____

Department: _____

Office Location:
(Room# and Building) _____

Phone: _____

Email: _____

II. Personnel Information:

*Identify the responsibilities of the new principal investigator listed above, his/her experience with the procedures and the animal species, and who will train the individual(s) being added on the procedures for **this protocol**. For deletions provide the individual's name only.*

Add	Delete	Name	Species Used	Specific Role in Project <i>(i.e. surgery, feeding, husbandry)</i>	Years of Experience With survival surgery <i>(if applicable)</i>	Who will train the individual?*	Date of CITI Completion**
<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"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

*Training can be listed as "N/A – Trained and Experienced" (this question only applies to the procedures described in this protocol)

** Please provide a copy of the CITI completion report for each added individual.

III. Principal Investigator's Assurance of Compliance

I accept responsibility that all personnel working on the project will adhere to the regulations regarding the humane treatment of laboratory animals and will receive proper training on animal handling/care to conduct the procedures as described in this study as required by the IACUC. I will also assure that the personnel approved to work on this study will fulfill the requirements for the Occupational Health and Safety Program for Animal Handlers. I understand the approval is not final until I receive notification of such in writing.

Signature of Principal Investigator

Date

IACUC OFFICE USE ONLY

Approved on _____

Authorized Signature: _____

Role: _____