**Application to Amend an Approved Protocol for the Use of Experimental Animals in the Biological Resource Centre**

**Part 5 - Changes in Personnel**

1. **Approved IACUC Protocol No.:** \_\_\_\_\_\_\_\_\_\_
2. **Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Principal Investigator (PI)**

If there are any changes, please add text to box.

|  |  |
| --- | --- |
| Name |  |
| Research Institution / Company |  |
| Department |  |
| Address |  |
| Work telephone number |  |
| Mobile phone number |  |
| E-mail address |  |

1. **This application is for changes in**:

PI/ Personnel

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*Compulsory** | Signature: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of new PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*Only required to complete if there is a change in PI** |

[ ]  **Remove existing personnel. Please provide the names below:**

|  |  |
| --- | --- |
| 1.  | 2.  |
| 3.  | 4.  |
| 5.  | 6.  |

[ ]  **Add new personnel/ Change in PI. Please complete section 6 and 12.**

Amend relevant sections of the original IACUC Application below:

1. **Information of all new research staff that will have contact with animals under this approved protocol:**

Please attach copies of the staff’s training certificates. *For Change in PI, please indicate N/A under hands-on certificate number if the new PI will not have contact with animals.*

|  |  |  |  |
| --- | --- | --- | --- |
| Personnel Details | RCULAC Cert No. | Vaccination History1 | Experience working with lab animals2 |
| Name: Text FieldRI/Company: Text FieldContact no.: Text FieldE-mail: Text FieldRole/Responsibility:Text Field | Cert. No. (Theory): Text FieldDate/Year obtained: Text FieldCert. No. (Hands-on): Text FieldDate/Year obtained: Text Field | Tetanus[ ]  Yes [ ]  NoHepatitis B[ ]  Yes [ ]  No | WhereWhenWhat speciesWhat procedures |
| Name: Text FieldRI/Company: Text FieldContact no.: Text FieldE-mail: Text FieldRole/Responsibility:Text Field | Cert. No. (Theory): Text FieldDate/Year obtained: Text FieldCert. No. (Hands-on): Text FieldDate/Year obtained: Text Field | Tetanus[ ]  Yes [ ]  NoHepatitis B[ ]  Yes [ ]  No | WhereWhenWhat speciesWhat procedures |

1If **“NO”** is checked, please indicate in the box below when (approx. date) staff intends to be vaccinated, or contact the BRC Safety Office if staff decides to opt out of the vaccination program.

|  |
| --- |
|  |

2If staff included does not have any experience, please indicate the person who would be providing the training in the box below. Please note that the trainer should have experience working with lab animals and must be included in this protocol.

|  |
| --- |
|  |

**12. Surgical Procedures**

Would the new staff listed be performing surgical procedures?

|  |  |
| --- | --- |
| [ ]  **YES** | [ ]  **NO**  |

If **“YES”**, please indicate the name of the staff and his/her relevant experience in the table below.

Name of surgeon(s) and their relevant experience:

|  |  |
| --- | --- |
| Name of **new staff** | Experience in performing surgical procedures(where, what procedures, when, what species)*If none, please indicate* ***name and experience*** *of person responsible for training and assuring that staff has obtained adequate skills* ***in this column*** |
|  | WhereWhenWhat speciesWhat surgical procedures |
|  | WhereWhenWhat speciesWhat surgical procedures |