**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.*

**New staff(s) is/are well informed and understood the contents of the approved protocol.**

**A copy of the approved protocol must be made available to the new staff(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personnel Details | RCULAC Cert No. | Vaccination History1 | Experience working with lab animals2 | List the procedures that you will be performing in this approved protocol: |
| Name:  Text Field  RI/Company:  Text Field  Contact no.:  Text Field  E-mail:  Text Field  Role/Responsibility:  Text Field | Cert. No. (Theory):  Text Field  Date/Year obtained:  Text Field  Cert. No. (Hands-on):  Text Field  Date/Year obtained:  Text Field | Tetanus  Yes  No  Hepatitis B  Yes  No | Where  When  What species  What procedures |  |
| Name:  Text Field  RI/Company:  Text Field  Contact no.:  Text Field  E-mail:  Text Field  Role/Responsibility:  Text Field | Cert. No. (Theory):  Text Field  Date/Year obtained:  Text Field  Cert. No. (Hands-on):  Text Field  Date/Year obtained:  Text Field | Tetanus  Yes  No  Hepatitis B  Yes  No | Where  When  What species  What procedures |  |
| Name:  Text Field  RI/Company:  Text Field  Contact no.:  Text Field  E-mail:  Text Field  Role/Responsibility:  Text Field | Cert. No. (Theory):  Text Field  Date/Year obtained:  Text Field  Cert. No. (Hands-on):  Text Field  Date/Year obtained:  Text Field | Tetanus  Yes  No  Hepatitis B  Yes  No | Where  When  What species  What 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](mailto:safety@brc.a-star.edu.sg) 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*** |
|  | Where  When  What species  What surgical procedures |
|  | Where  When  What species  What surgical procedures |