UNCG INSTITUTIONAL ANIMAL CARE & USE COMMITTEE

AMENDMENT FORM

PERSONNEL ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PI  |       |  | Protocol Number(s) |  |
|  |
| Dept |       | email |       | Phone  |       | Fax  |       |
|
| Protocol Title:      Submission date:       |
|  |
|  |

**Personnel**

 [ ]  Personnel Addition or Deletion

 [ ]  Personnel roles

**Change in personnel or personnel roles.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Add** | **Delete** | **Name** | **CITI** | **Animal contact** | **Enrolled in Occupational Health program** | **Animal handling role in project** |
| [ ]  | [ ]  |       |       | [ ]  Y [ ] N | [ ]  Y [ ]  N |       |
| [ ]  | [ ]  |       |       | [ ]  Y [ ] N | [ ]  Y [ ]  N |       |
| [ ]  | [ ]  |       |       | [ ]  Y [ ] N | [ ]  Y [ ]  N |       |

|  |
| --- |
| Change in animal handling role for existing personnel: |
| **Name** | **New or additional animal handling role in project**  | **Signature** |
|       |       |  |
|       |       |  |
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| List added/deleted personnel with appropriate protocol number if more than one person per protocol: |
| **Name** | **Protocol number** |
|       |       |
|       |       |
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|       |       |

Please send completed form to ori@uncg.edu . Any question should be directed to ori@uncg.edu.

This form is to be used for personnel additions or deletions only.