UNCG INSTITUTIONAL ANIMAL CARE & USE COMMITTEE

AMENDMENT FORM

PERSONNEL ONLY

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Added/Deleted personnel names and signature:** | | |  |
| **Name** | **New or additional animal handling role in project** | **Signature** | **Initials** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Signature acknowledges protocol and all amendments read and understood.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

Please send completed form to [ori@uncg.edu](mailto:ori@uncg.edu) . Any question should be directed to [ori@uncg.edu](mailto:ori@uncg.edu).

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