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

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

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

**Signature Date**

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.