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| **Modification #** |

# AUBURN UNIVERSITY ANIMAL CARE AND USE COMMITTEE

[**IACUCadmin@auburn.edu**](mailto:IACUCadmin@auburn.edu) **(334) 844-5978**

**PERSONNEL MODIFICATION FORM**

**Please ensure each person added is enrolled in Auburn University’s Occupational Health and Safety Program and has completed required IACUC training.**

For more info: <https://cws.auburn.edu/OVPR/pm/compliance/iacuc/training>

Please send the original with all signatures to:

Office of Research Compliance, Research and Innovation Center, 540 Devall Drive, Suite 200, Auburn, AL 36832

or scan/email to [IACUCadmin@auburn.edu](mailto:IACUCadmin@auburn.edu) for IACUC designated member review.

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| --- | --- |
| **Principal Investigator:** |  |
| **Protocol Number:** |  |
| **Title of Protocol:** |  |

|  |  |
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|  | **Add the following personnel:** |

*For each person listed, the experience/training column should be relevant to the species and procedures being used/performed and should include years of experience.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Role in Protocol | Experience/Training/Degrees | Mark “X” for each category below | | |
| General Procedures | Surgery/ Anesthesia | Euthanasia |
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\*If changing PI or Project Vet, the **new** PI or Project Vet needs to sign below.

*This is an unprotected Word document. Additional rows can be added if the number of personnel exceed the space provided.*

List/describe any additional specialized training needs and who will conduct the training:

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|  | **Remove the following personnel:** |

|  |  |
| --- | --- |
| Name | Role in Protocol |
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| --- | --- |
|  | **X** |
|  | Principal Investigator Signature Date |
|  |  |
|  | **X** |
|  | Project Veterinarian Signature Date |
|  |  |
| Approved: | **X** |
| IACUC Chairperson Date |