**ADDITION OF PERSONNEL - REQUEST TO USE ANIMALS**

**INSTRUCTIONS**

Complete this form for each person to be added to an approved “Request to Use Animals” (protocol) and submit it to the Institutional Animal Care and Use Committee (IACUC) coordinator at each institution that maintains the protocol. By signing the document the participant acknowledges that he/she has read the protocol and agrees to comply with it. Only word processed submissions will be accepted.

**ADDITION OF PERSONNEL - REQUEST TO USE ANIMALS**

Please add the participant named below to my approved protocol #

entitled,      .

PRINCIPAL OR CO- INVESTIGATOR :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL OR CO-INVESTIGATOR SIGNATURE DATE

PARTICIPANT NAME:

PARTICIPANT TITLE:

*By signing below the participant acknowledges that he/she has read the protocol and agrees to comply with it.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT SIGNATURE DATE

*List the participant’s responsibilities on the protocol.*

|  |
| --- |
|  |

*Describe the participant’s experience and/or qualifications relevant to the responsibilities on the protocol. If the participant has no relevant experience then check here  and identify below who will be responsible for training.*

EXPERIENCE/QUALIFICATIONS:

|  |
| --- |
|  |

DESCRIPTION OF FORMAL ANIMAL CARE AND USE TRAINING:

|  |  |  |
| --- | --- | --- |
| **TITLE OR DESCRIPTION OF TRAINING** | **LOCATION** | **DATE OF TRAINING** |
|  |  |  |
|  |  |  |
|  |  |  |

IACUC APPROVAL (*approval signature requirements vary according to institution*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IACUC Member Attending Veterinarian IACUC Chairperson

Date: Date: Date: