

**Institutional Animal Care and Use Committee Amendment Form
REQUEST FOR CHANGE IN PERSONNEL APPROVAL**

Federal regulations require that amendments to approved protocols involving animals be reviewed by the IACUC. Complete this form and return to: Dr. Tracey L. Poston, Office of Research, University of Notre Dame, 511 Main Building, Notre Dame, IN 46556

**Investigator:
Study Title:**

Protocol Number:

Amendment requests modification in personnel on an approved animal use protocol (*Check all that apply*):

- Addition of personnel Deletion of personnel

Supply the following information for the person ADDED to the protocol: (*one form per person*)

Name:	Degree:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Post Doc <input type="checkbox"/> Grad Student <input type="checkbox"/> Visiting <input type="checkbox"/> Co-op Student
Has viewed online Occupational Health Program (OHP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has submitted OHP Medical/Occupational History Form?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: <input type="checkbox"/> Cat A <input type="checkbox"/> Cat B	If No: See FLSC website www.nd.edu/~ndflsc/OHP.html	
Has completed and submitted documentation of training for animal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Check training below	If No: See FLSC website www.nd.edu/~ndflsc/Training.html	
Check all training units completed: LATA videos: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 5		
Check all online units completed: <input type="checkbox"/> Working with the IACUC <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Rabbits <input type="checkbox"/> Guinea Pigs <input type="checkbox"/> Hamsters <input type="checkbox"/> Gerbils <input type="checkbox"/> Amphibians		
Describe any additional training/qualifications specifically related to this protocol:		

I certify that the person listed on this form has viewed the Occupational Health Program and has submitted the correct form based on the level of animal contact/exposure. I also certify that the person will complete all required training **BEFORE** working with any animals.

PI Signature: _____ Date: _____

Supply the information for the person Deleted from the protocol: (*one form per person*)

Name:	Degree:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Post Doc <input type="checkbox"/> Grad Student <input type="checkbox"/> Visiting <input type="checkbox"/> Co-op Student
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PI Signature _____ Date: _____

Approved Deferred Not Approved Designated Review Full Committee Review

Executive Secretary of the IACUC Signature _____ Date _____

Assurance of Compliance Number A3093-01

Approved Deferred Full Committee Review

Designated Reviewer Signature _____ Date _____