

St. Edward's University
INSTITUTIONAL ANIMAL CARE & USE COMMITTEE (IACUC)

Protocol Personnel Modification Form

Protocol Number	
Principal Investigator	
Protocol Title	
Date of Initial Protocol Approval	

This is a request for **a change in personnel** of the above listed protocol. The following change in personnel for this protocol is being contemplated. It is understood that such changes will not be implemented until approval is obtained from the IACUC.

Name:

Title:

☐ Please add the above person to this protocol.

If adding personnel, list all qualifications and training of the individual above specifically related to this protocol. Be sure to include years of experience, skills and specific procedures that they will participate in (eg., sample collection, anesthesia, euthanasia etc), and indicate whether the individual has completed CITI training.

☐ Please remove the above person from this protocol.

If removing personnel from the protocol, please briefly explain below (eg. Student has graduated, faculty/staff has left SEU, etc).

Signature of Principal Investigator

Date

IACUC approval date: