# OKLAHOMA STATE UNIVERSITY

## Institutional Animal Care and Use Committee

**220 Scott Hall**

**(405) 744-3592**

**PERSONNEL MODIFICATION FORM**

Use this form to add or remove personnel only. All other modification requests for an approved protocol must be submitted on the standard modification form for an approved protocol. Submittal of a signed copy for personnel changes is not required if the electronic form is submitted from the PI’s email address.

**Please ensure that each person added is enrolled in OSU’s Occupational Health and Safety Program (OHSP) and has completed required IACUC training. The modification will not be approved until both the OHSP and training requirements have been met, and personnel should not start working with animals until approval is secured.**

Complete this form electronically and submit to: iacuc@okstate.edu

Protocol #:  Date amendment is needed by:

Principal Investigator:

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. At least one year of experience is required for the species being worked with, otherwise the CITI species-specific training module must be completed.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Email  | Campus ID | Degrees | Experience/Training | GeneralProcedures | Surgery/Anesthesia | Euthanasia |
|       |       |       |       |       | [ ]  | [ ]  | [ ]  |
|       |       |       |       |       | [ ]  | [ ]  | [ ]  |
|       |       |       |       |       | [ ]  | [ ]  | [ ]  |
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**List/describe any additional specialized training needs and who will conduct the training:**

[ ]  **Remove the following personnel:**