 **PERSONNEL MODIFICATION FORM**

 **IACUC and IBC**

This form can be used to add or remove participants from both an IACUC protocol and an IBC disclosure. Please submit only one form to Research.Integrity@asu.edu and it will be processed by both committees.

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| --- | --- |
| Principal Investigator Name:  | Phone:  |
| Dept:  | Email:  |

|  |  |  |
| --- | --- | --- |
| **Participant #1** | **Add to:**  [ ]  **IBC #** [ ]  **IACUC** #**Delete from:** [ ]  **IBC #** [ ]  **IACUC** # | **FOR ORIA USE ONLY** **Training Verification** |
| **Name:** | **ASURITE:** | **Email:** |  |
| **Project Responsibilities in IBC:** |  |
|  **Experience/Training in These Responsibilities:** |  |
| **What procedures are they responsible for on the IACUC protocol (please note which procedures are being done independently and which are done under supervision:** |  |
|  **Species:       Experience and training with species and procedures:** |  |
|  |
| **Participant #2** | **Add to:**  [ ]  **IBC #** [ ]  **IACUC** #**Delete from:** [ ]  **IBC #** [ ]  **IACUC** # | **FOR ORIA USE ONLY** **Training Verification** |
| **Name:** | **ASURITE:** | **Email:** |  |
| **Project Responsibilities in IBC:** |  |
|  **Experience/Training in These Responsibilities:** |  |
| **What procedures are they responsible for on the IACUC protocol (please note which procedures are being done independently and which are done under supervision:** |  |
|  **Species:       Experience and training with species and procedures:** |  |
|  |
| **Participant #3** | **Add to:**  [ ]  **IBC #** [ ]  **IACUC** #**Delete from:** [ ]  **IBC #** [ ]  **IACUC** # | **FOR ORIA USE ONLY** **Training Verification** |
| **Name:** | **ASURITE:** | **Email:** |  |
| **Project Responsibilities in IBC:** |  |
|  **Experience/Training in These Responsibilities:** |  |
| **What procedures are they responsible for on the IACUC protocol (please note which procedures are being done independently and which are done under supervision:** |  |
|  **Species:       Experience and training with species and procedures:** |  |
|  |

**Assurance**

As Principal Investigator, I assure that personnel will receive appropriate training prior to working with animals or biological materials as applicable.

Principal Investigator Signature: Date:

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| **FOR ORIA USE ONLY** | **[ ]  IBC Approved** | **[ ]  IACUC Approved** |