[Arizona State University](http://www.asu.edu/) **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](mailto:Research.Integrity@asu.edu) and it will be processed by both committees.

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

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| **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:** | | | |  |
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**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** |