AMENDMENT

# PERSONNEL RELATED CHANGES

This application is used to request additions or deletions of personnel associated with the animal use protocol specified above or to modify the animal handling activities of personnel already approved to work under that protocol. It cannot be used to request a change of principal investigator (PI); use the form "Change in Procedures for Approved Protocol" instead.

## 1. Principal Investigator

Principal Investigator: Click here to enter text., Click here to enter text.

Campus Box: Click here to enter text.

Position/Title: Click here to enter text.

Department/College: Click here to enter text.

Office/Cell Phone #:

Email Address: Click here to enter text.

Project Title: Click here to enter text.

## 2. Addition of Personnel to Protocol

Complete Items 2 & 5

To add additional personnel, click on the **+** at the end of each box.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | DU ID | ANIMAL HANDLING ROLE | HAS THIS PERSON COMPLETED THE OCCUPATIONAL HEALTH REVIEW FORM?(YES/NO) |
| Click here to enter text. |       | Click here to enter text. | [ ]  Yes [ ]  No |
| Click here to enter text. |       | Click here to enter text. | [ ]  Yes [ ]  No |
| Click here to enter text. |       | Click here to enter text. | [ ]  Yes [ ]  No |
| Click here to enter text. |       | Click here to enter text. | [ ]  Yes [ ]  No |
| Click here to enter text. |       | Click here to enter text. | [ ]  Yes [ ]  No |

## 3. Deletion of Personnel from Protocol

To add additional personnel, click on the **+** at the end of each box.

|  |  |
| --- | --- |
| NAME | DU ID |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

## 4. Change in Animal Handling Role for Existing Personnel

Complete Item 5 if necessary.

|  |  |  |
| --- | --- | --- |
| NAME | ADDITIONAL ACTIVITIES | DELETED ACTIVITIES |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 5. Personnel Qualifications Forms:

Personnel Qualifications Forms (PQF) are required for each person added to the protocol, or when new skills are required to accomplish amended activities. Complete and attach a Section G: Personnel Qualification Form for each person added.