**IACUCF009 – ADD/REMOVE RESEARCHER FORM**

***(Use this form to add or remove a researcher to a previously approved protocol)***

Click here to enter a date.

|  |  |
| --- | --- |
| Faculty PI’s Name |       |
| Email Address |       |
| Protocol ID |       |
| Protocol Title |       |
| Protocol Expiration  |       |

[ ] ADD Investigator - Complete **Section A**

[ ] REMOVE Investigator – Complete **Section B**

**Section A**

Please ADD the following researcher to the above referenced IACUC protocol:

|  |  |
| --- | --- |
| Full Name |       |
| Email Address & M# |       |
| CITI ID |       |
| Student/Faculty/Staff |       |
| Role & Duties |       |
| Vivarium Access |       |
| Other Access  |       |

As the PI of this protocol, I hereby certify and agree to the following by checking the appropriate boxes

|  |  |
| --- | --- |
| [ ]  | All of the above listed researchers have completed the required CITI training. I also certify that I visually inspected their CITI certification to confirm their completion. Investigators Staff and Students – Basic Course [ ]  Species-specific module [ ]  Working with animals in biomedical research [ ]  Reducing pain and distress in laboratory mice and rats [ ]  Aseptic surgery module [ ]  Other       |
| [ ]  | The student researchers have either obtained or have submitted a request for health screening. |
| [ ]  | I will inform the IACUC if one of these researchers is removed from this protocol. |
| [ ]  | Personnel for whom vivarium access is requested have been adequately trained to carry out their duties and respect the work ethics of shared lab space.  |
| [ ]  | I understand that this access will be revoked if any of them are involved in unauthorized activities within the approved research site.  |
| [ ]  | I understand that this access permit will expire if an annual continuing review for this protocol is not requested before the date of expiration listed above. |
| [ ]  | I will ensure that the co-investigators will complete health screening as required by the IACUC |
| [ ]  | Other       |

|  |  |
| --- | --- |
| PI Signature: ENTER YOUR NAME  | Date: enter today’s date. |

**Section B**

Please REMOVE the following researcher to the IACUC protocol referenced on page 1:

|  |  |
| --- | --- |
| Full Name |       |
| Email Address & M# |       |
| Student/Faculty/Staff |       |
| Reason for removal |       |

|  |  |
| --- | --- |
| PI Signature: ENTER YOUR NAME  | Date: enter today’s date. |

**Section C**

IACUC Use Only

Receipt Date: enter today’s date.

DMR Validation enter today’s date.

DR Approval enter today’s date.

Health screening information

IACUC DECISION TABLE:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Email & M# | Status | Remarks | Health Screening | Vivarium Access | Access Expiration |
|       |       |  |       |       |  |       |

Additional Notes

Click here to enter text.