**Animal Use Protocol - Personnel Amendment**

**Date:** Click here to enter a date.

**Principal Investigator:** Click here to enter text. **IACUC #:** Click here to enter text.

**PERSONNEL DELETIONS – Please remove the following personnel:** Click here to enter text.

**NEW PERSONNEL:**

**Name and degree** (if applicable): Click here to enter text.

**Email:** Click here to enter text. **Phone #:** Click here to enter text.

**Role** (*e.g., Co-PI, technician, student, etc*.): Click here to enter text.

**Specify what procedures he/she will be performing**: Click here to enter text.

Is this protocol approved for PI-Managed Satellite Housing?  YES  NO

If yes, will this lab member be involved in performing husbandry in the Satellite?  YES  NO

If yes, insert date of completion for VR *in-person* PI-Managed Satellite Housing training: Click here to enter a date.

**Indicate years’ experience performing the *proposed procedures in the species* utilized in this protocol.**

Click here to enter text.

**Indicate years’ experience working with the *species* of animals proposed for use in this protocol.**

Click here to enter text.

###### If the individual is not trained in either the procedures or species (or both), please indicate how he/she will be trained.

Click here to enter text.

**The following items / tasks must be completed prior to an individual being added to a protocol, granted facility access, and permitted to handle animals.**

[Lab Animal Exposure Risk Assessment](https://www.umaryland.edu/oawa/Education-and-Training/Laboratory-Animal-Exposure-Risk-Assessment-Program) (*required annually*) Completion date: Click here to enter a date. or

*BVAMC Annual Lab Animal Allergy Physical Exam Completion date:* Click here to enter a date.***\*\*For VA protocols only***

Macaque PPE Training (*required annually*)

Macaque PPE training is only required if this protocol involves working with non-human primates (macaques). Please contact Veterinary Resources to arrange the initial in person PPE training ([VRtraining@som.umaryland.edu](mailto:VRtraining@som.umaryland.edu)*).*

Macaque PPE Training Completion date: Click here to enter a date.

NHP TB Screening (*required annually for Macaque & Baboon users*)

Date of annual TB Screening: Click here to enter a date.

[IACUC Required CITI Training](https://www.umaryland.edu/oawa/Education-and-Training/IACUC-Required-Training) **(*required every 3 years*):** Anyone working with laboratory animals must complete the "*Working with the IACUC for Investigators, Staff & Students*" course **and** the appropriate species-specific course for **each** species included in the approved protocol.

|  |  |  |  |
| --- | --- | --- | --- |
| **CITI Course** | **Date Completed** | **CITI Course** | **Date Completed** |
| *Working with the IACUC* |  | Swine |  |
| Mice |  | Sheep / Goats |  |
| Rats |  | Nonhuman Primates |  |
| Hamsters |  | Amphibians |  |
| Gerbils |  | Fish |  |
| Guinea Pigs |  | Zebrafish |  |
| Ferrets |  | Wildlife Research |  |
| Rabbits |  | Aseptic Surgery |  |
| Cats |  | Minimizing Pain/Distress in Rodent |  |
| Dogs |  |  |  |

**Principal Investigator Certification:**

As PI, I confirm that no minors will be working with live vertebrate animals per [UMB Policy VI-99.01(A)](https://www.umaryland.edu/policies-and-procedures/library/administration/policies/vi-9901a.php)**.**

As PI, I acknowledge that a COI Exemption must be filed with the [UMB Office of Accountability & Compliance](http://www.umaryland.edu/oac/areas-of-responsibility/conflict-of-interest/) should my spouse or a family member work under this animal use protocol per UMB Policy.

By my dated signature below, I acknowledge that: 1) I have provided a copy of the *approved* AUP including amendments to the above noted individual being added to this protocol, and 2) I (*or my designee*) will train the above noted individual relative to his/her role and the importance of carrying out this animal work in strict compliance with the procedures described.

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**Printed Name Signature Required\*\* Date**

*\*\* no signature is required if submitted via the PI’s UMB email address.*

**Research Staff Certification:** By my dated signature below, I acknowledge that: 1) I have received a copy of and read the *approved* animal use protocol (AUP); 2) I have had an opportunity to ask any questions that I may have; and 3) I understand my role in this protocol and that I must receive instructions and training on those procedures I am responsible for carrying out to ensure the lab’s full compliance with the experiments and procedures outlined and approved in this AUP.

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**Printed Name Signature Required Date**