San Jose State University

Institutional Animal Care and Use Committee

Protocol Amendment Request – Addition of Personnel

Type and return completed form to IACUC Coordinator at [Lawrence.young@sjsu.edu](mailto:Lawrence.young@sjsu.edu)

To process this request all online training *must* be completed for all personnel listed.

**1.** Principal Investigator:       Date Submitted:

## Protocol Number/s:

**2.** Individual/s to be added to the IACUC protocol/s: (check boxes to indicate 1, 2 or 3 persons)

**Person One**Indicate:Lead/Trainer  Unsupervised Support  Supervised Support

a) Name, Title and Affiliation (indicate thesis research):

b) Role in Study (consider all aspects of the approved animal use protocol):

c) Qualifications, Experience and prior Training in Animal Care and Use:

d) Required Training in Animal Care and Use:

**Person Two** Indicate:Lead/Trainer  Unsupervised Support  Supervised Support

a) Name, Title and Affiliation (indicate thesis research):

b) Role in Study (consider all aspects of the approved animal use protocol):

c) Qualifications, Experience and prior Training in Animal Care and Use:

d) Required Training in Animal Care and Use:

**Person Three**Indicate:Lead/Trainer  Unsupervised Support  Supervised Support

a) Name, Title and Affiliation (indicate thesis research):

b) Role in Study (consider all aspects of the approved animal use protocol):

c) Qualifications, Experience and prior Training in Animal Care and Use:

d) Required Training in Animal Care and Use:

**3.** As a result of adding the above person/s, will the number of animals associated with any one IACUC protocol increase as previously approved? No  Yes, see explanation below

**4.** As a result of adding the above person/s, will there be changes in the procedural description or will the pain/distress level associated with this project increase as previously approved? No  Yes, as detailed here (to include justification and literature search for refinement and alternatives):

**5.** Signature of Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*As Principal Investigator on the above IACUC protocols, I will continue to monitor and maintain training and proficiency records related to animal care and use for all personnel in the laboratory.*

# **6. SJSU IACUC Approval: Administrative** **Minor** **Major**

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Name Signature Date

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