**Personnel Update Form for Active Protocols (Approved 05/30/2023)**

**Date Submitted:**

**Protocol Number:**

**Principal Investigator:**

|  |  |
| --- | --- |
| . | Provide the names of **all** individuals (including those previously reported) who will be directly involved in the animal use (e.g., students, residents, interns), even if temporary. Specify the individuals’ type and length of training or experience working with this species and with these procedures that qualifies them to perform the procedures indicated below. **(DEGREES OR OTHER CREDENTALS ALONE ARE NOT SUFFICIENT AS QUALIFICATIONS.)** . If an individual has no experience, please so indicate. Please note: The principal investigator MUST ensure that all individuals have proper training before work begins. The principal investigator MUST contact the campus veterinarian and/or the IACUC office to arrange training, if needed, for staff. The principal investigator MUST notify the IACUC office when new individuals join a research team.  |

|  |  |
| --- | --- |
|  | Research Personnel: Individuals authorized to handle animals used in this project and make decisions regarding health status and treatments: |
|  |  |
|  | Name: | Click here to enter text |
|  | Department: | Click here to enter text |  Mailing Address: | Click here to enter text |
|  | Work Telephone: | Click here to enter text |  Email Address: | Click here to enter text |
|  |  |  |  |  |
|  | Name: | Click here to enter text |
|  | Department: | Click here to enter text |  Mailing Address: | Click here to enter text |
|  | Work Telephone: | Click here to enter text |  Email Address: | Click here to enter text |
|  |  |  |  |  |
|  | Name: | Click here to enter text |
|  | Department: | Click here to enter text |  Mailing Address: | Click here to enter text |
|  | Work Telephone: | Click here to enter text |  Email Address: | Click here to enter text |
|  |  |  |  |  |
|  | Name: | Click here to enter text |
|  | Department: | Click here to enter text |  Mailing Address: | Click here to enter text |
|  | Work Telephone: | Click here to enter text |  Email Address: | Click here to enter text |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | a.b.c.d.  | Who will perform the experimental or test procedures **(non-surgical)**? (Name and qualifications.)

|  |
| --- |
| Click here to enter text |

Who will perform the **surgical** procedures? (Name and qualifications.)

|  |
| --- |
| Click here to enter text |

Who from your lab will provide **daily monitoring** of the animal? (Name and qualifications.)

|  |
| --- |
| Click here to enter text |

Who will provide the **post-surgical care and monitoring**? (Name and qualifications.)

|  |
| --- |
| Click here to enter text |

 |
|  | For all individuals listed in items a-d, append documentation that these individuals have received adequate training to perform these functions. For IIT-based personnel this will consist of Completion certificates for relevant CITI training modules. These may include, but are not limited to: Lab Animal Research modules: **Investigators, Staff and Students**, **Working with Mice in Research Settings,** **Working with Rats in Research Settings.** Personnel from collaborating institutions are asked to provide documentation for their completion of required training from their institution. |
|  | Describe documentation provided here:

|  |
| --- |
| Click here to enter text |

 |

|  |  |
| --- | --- |
|   | **Occupational Health and Safety (OHS) Responsibilities:** Animals can sometimes cause diseases to humans. These diseases are called zoonoses. If you have questions about whether you or your staff need to have an immunization to protect against zoonoses, you should consult with your personal physician or with the campus veterinarian. The university will reimburse the cost of your immunizations. Each principal investigator is responsible for ensuring that all person involved in the project(s) under his/her direction shall comply with the provisions of the [Occupational Health program](https://web.iit.edu/sites/web/files/departments/general-counsel/pdfs/occupational_health_animal_labs..pdf).Any principal investigator who fails to carry out this responsibility will be denied the use of animals until full compliance has been established. All principal investigators and staff who work with animals are required to submit a completed Medical Monitoring Enrollment Form as specified by the IACUC document “Procedure for Occupational Health Screening for Personnel Working with Animals to the Office of Research Compliance. The completed form is signed by a doctor at the University contracted medical provider, verifying that the individual has had a health evaluation and/or health history evaluation, and been cleared for working with animals. Occupational health screening is made available to research personnel through the University contracted medical provider as specified by the IACUC document “Procedure for Occupational Health Screening for Personnel Working with Animals”, at no personal cost to them. Training is available from the campus veterinarian to help you recognize zoonoses. You are responsible for surveillance of your staff. Should you suspect a zoonotic infection, you should contact the campus veterinarian, campus occupational health and safety office, and IACUC Chair. **I acknowledge these OHS responsibilities (initial here):** Click here to enter text |

**Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** Click to enter a date