**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.