**Institutional Animal Care and Use Committee**

**University of Vermont**

### Request for Change in Key Personnel

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| **A.** | **IACUC Protocol Information – list all IACUC protocols to which this change applies** | |
| **IACUC #(s):** | |  |
| **Protocol Title(s):** | |  | |
| **Principal**  **Investigator:** | |  | |

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| **B.** | Add or Remove Other Key Personnel |  |  |
|  | **PLEASE DO NOT SUBMIT THIS REQUEST UNTIL ALL KEY PERSONNEL ADDITIONS HAVE COMPLETED THE REQUIRED TRAININGAND SUBMITTED THE REQUIRED OCCUPATIONAL HEALTH FORMS.**All key personnel are required to complete the IACUC General Animal Training and individual species trainings specific to the protocol through CITI. Please visit the [CITI Resource Page](https://www.uvm.edu/rpo/?Page=citi_info.html) for more information. | | |

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| **Change Role** | | **Add Remove Personnel Name** | | | **Email Address** | **Role** |
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| **C.** | **Associated Protocol(s)** | | | | |
|  | Is there is an associated IBC protocol? |  | Yes |  | No |
|  | *\*If yes, personnel must complete IBC required training and be added as key personnel to the IBC protocol as well* | | | | |
|  | Please list protocol(s): | | | | |

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| **D.** | | Principal Investigator Signature | | | |
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| **Signature of Principal Investigator** | |  | **Date** |