**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 |
|  |  |  |
| **Signature of Principal Investigator** |  | **Date** |