##### SUNY Downstate Medical Center

**IACUC Personnel Amendment Form**

**Request to Modify an Approved Protocol**

Submission Instructions:

* + Email the signed completed form to [IACUC@downstate.edu](mailto:IACUC@downstate.edu?subject=Protocol_Personnel_Amendment)
  + All training requirements must be completed prior to approval of this amendment. Once approved, personnel being added may initiate animal use as described below. Complete details of training requirements (including process roadmaps) and responsibilities can be found on the IACUC website ([Training Responsibilities](http://research.downstate.edu/iacuc/iacuc-training.html)).
  + Prior to submission, the PI should review the completed amendment with personnel being added to the protocol to confirm their understanding of the procedures they will be responsible for performing (listed below).

1. Protocol Information:
   1. Principal Investigator’s Name:
   2. Protocol Number:
   3. Protocol Title:
   4. Species: 
      1. The following personnel will be **ADDED**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Downstate Job Title | Email Address | Phone Number |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Years of experience with species | Procedures *(by name from the protocol)* individual will be responsible to perform in this study | Where and when trained in procedures | If person is not trained, how will training be obtained? |
|  |  |  |  |  |
|  |  |  |  |  |

III. The following personnel are to be **REMOVED** from the protocol:

|  |
| --- |
| Personnel name |
|  |
|  |
|  |
|  |

**REQUIRED SIGNATURES ARE LOCATED ON THE FOLLOWING PAGE**

**REQUIRED SIGNATURES (signatures are only needed once per submission; not with each revision during the review process prior to approval)**

IV. PI Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

V. New PI Signature/Date (for changes in PI only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| IACUC approval: | For office use only |
| Delegated Reviewer Signature  Approval Date |  |