**PROTOCOL AMENDMENT FOR PERSONNEL CHANGES ONLY**

**1. ADMINISTRATIVE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [**Instructions:** Complete all sections and email to [iacuc@olemiss.edu](mailto:iacuc@olemiss.edu). **Incomplete forms will be returned to PI.**] | | | | | | |
| **Protocol Number:** | **Protocol Title:** | | | **Pain/Distress Category/ies:** | | **Date Submitted:** |
| **Principal Investigator:** | | **Phone:** | **Fax:** | | **E-mail:** | |

**2. CHANGES IN NAMED PERSONNEL**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| [Refers to anyone who works with or is responsible for animals listed in this protocol, including principal investigator, project director, post-doc, student, technician, assistant, etc.] | | | | | | | |
| **Person/s Deleted:** | | | | | | | |
| **Person/s Added** | **Health & Safety Training Required**  [Check all that apply] | | | | **Describe Below Role Involving Animal Use**  [Be specific. An “X,” “All,” or “Yes” is not an acceptable description of personnel responsibilities.] | | **Specific Training & Expertise**  [Identify trainer and include brief outline of expertise/ qualifications of person to train others.] |
| **Bio** | **Path** | **Chem** | **Radioactive Materials** | **Monitor Animals**  [Feeding, breeding, etc.] | **Conduct Experimental Procedures** [Surgery**\***, blood draws, etc.] |
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**\*Surgery requires 1) training and 2) technique performance approval by Dr. Fyke. Submit Proficiency Criteria for Research Animal Surgery form to Dr. Fyke, B104 NCNPR.**

**3. PERSONNEL RESPONSIBLE FOR ANIMAL CARE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [**REQUIRED**: Complete for all personnel to be added to this protocol.] | | | | | | |
| **name** | **phone** | **e-mail** | **animal care**  **(check personnel responsible for each)** | | | |
| **daily** | **weekend** | **holiday** | **emergency** |
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|  |  |  |  |  |  |  |
| **Dr. Harry Fyke** | **915-5324** | **hfyke@olemiss.edu** |  |  |  |  |

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| **APPROVAL SIGNATURE** |
| **For IACUC office use *only*:**  **APPROVED: This signifies notification of IACUC APPROVAL of the amendment described above.**    **IACUC Research Compliance Specialist DATE**  **Personnel Amendment** |