[](http://www.lsuhsc.edu/)

Institutional Animal Care and Use Committee

**IACUC Amendment - Change in Personnel** Revised 6/11/2019

|  |
| --- |
| **INSTRUCTIONS:** ALWAYS download the latest version, and then save this form before completing it. DO NOT type into the gray shaded areas. Add lines to tables as needed. To check a box, point the cursor to the box and left click. It is not necessary to submit the CIP to the IBC office; IACUC will verify all training required by the IACUC and IBC.  Submit amendment by emailing the completed form in WORD format along with any supporting documents to: [**IACUCoffice@lsuhsc.edu**](mailto:IACUCoffice@lsuhsc.edu)**.**  *Personnel submitting on behalf of the PI must cc the PI on the email for IACUC acceptance of the application.*  Paper submission will not be accepted. |

**Electronic Submission Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PI first & last name** |  | **Email** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Complete the table for all applicable projects affected by this change.** | | | |
|  | **IACUC #** | **Amend #** | **IBC #** | **Project Title** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **2.** | **List the full names of all individuals removing from this project.** |
|  |  |
|  |  |
|  |  |

| **3.** | **To authorize participation of an individual, provide the demographic information of the individual and complete all applicable items.** *(When adding, list only one person per CIP form.)* | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **First & last name** | | |  | | | | **Degree** | |  | |
|  | **Email** |  | | | **Office or lab phone** |  | | | **Cell phone** | |  |
|  | **Department** |  | | | | | **LSU Health School of** | |  | | |
|  | **Personnel status** | | Faculty  Staff  Gratis Appointment  Resident/Fellow  Medical student/grad | | | | | | | | |
|  | **Role in project** | | Investigator  Lab technician  Animal technician/care taker  Data processing only | | | | | | | | |
|  | **Identify procedures, experiments and activities in this study that this individual has been trained to perform.** | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | **If authorizing a Non-LUSHSC-NO individual, provide name and address of the institution (or company).** *All compulsory training is required; consideration will be given if documentation of comparable training is submitted with CIP.* | | | | | | | | | | |
|  |  | | | | | | | | | | |

| **Training History**  **Individuals can retrieve or print their certification dates from KDS:** [*KDS on-line training*](https://intranet.lsuhsc.edu/ctms/kds/home/)***and CITI:*** [*https://www.citiprogram.org/*](https://www.citiprogram.org/) | | **Date completed** | **Source** |
| --- | --- | --- | --- |
| Date PI or PI designee trained the named individual to this **protocol, lab, and/or clinic prior to conduct work authorized to perform.** | |  | Required |
| **Institutional Required Training Modules**  [**KDS:** [*https://intranet.lsuhsc.edu/ctms/kds/home/*](https://intranet.lsuhsc.edu/ctms/kds/home/)] | | | **KDS** |
| **LSUHSC** Conflict of Interest in Sponsored Projects*(Required for* ***ALL*** *team members participating in* ***ALL*** *research projects, whether sponsored or not, human, animal or other.)* | |  | KDS every 4 yrs. |
| **EH&S Training Modules** [**EH&S:** [*https://www.lsuhsc.edu/admin/pfm/ehs/train.aspx*](https://www.lsuhsc.edu/admin/pfm/ehs/train.aspx)] | | | **KDS, EH&S** |
| Bloodborne Pathogen – *(High Risk required for researchers; Low Risk for those not performing in lab or working with animals)* | |  | KDS-HR annual; KDS-LR every 5yrs. |
| Laboratory & Biological Safety Training *(Required for anyone working in a laboratory setting)* | |  | KDS every 3 yrs. |
| IBC and rDNA Compliance Program *(Required for PI & key personnel)* | |  | KDS every 5 yrs. |
| Shipping Biological Materials *(Personnel who prepares package, ships and/or delivers biologicals, chemicals, pathogens, etc.)* | |  | EH&S once |
| Radiation Safety *(Required where applicable)* | |  | EH&S once |
| Laser Safety *(Required for Class 3B or 4 lasers)* | |  | EH&S once |
| Specify other EH&S training: | |  | EH&S |
| **Animal Research Training** [**CITI:** [*https://www.citiprogram.org/*](https://www.citiprogram.org/)*]*  [**DOAC:**[*https://intranet.lsuhsc.edu/animalcare/*](https://intranet.lsuhsc.edu/animalcare/)] | | | **DOAC, KDS or CITI** |
| DOAC Animal Care - Tri-annual Occupational Health & Safety Program Questionnaire *(Completion required; however, active participation is voluntary.)* | |  | KDS every 3 yrs., update as needed |
| DOAC Animal Care - Tri-annual Laboratory Animal Allergies | |  | KDS every 3 yrs. |
| DOAC Orientation & Barrier Training *(Required for access into any part of DOAC facilities)* | |  | DOAC Classroom |
| DOAC Aseptic Surgery *(Required if performing survival surgery)* | |  | DOAC Classroom |
| CITI Working with Animal in Research, Initial course for Investigators-Students | |  | CITI once |
| CITI Working with Animals in Biomedical Research - Refresher Course | |  | CITI every 3 yrs. |
| CITI applicable courses related to activities to be performed. | | | |
|  | Aseptic Surgery |  | CITI once |
|  | Reducing Pain and Distress |  | CITI once |
|  | Work with Mice |  | CITI once |
|  | Work with Rats |  | CITI once |
|  | Work with species: Click here to enter text. |  | CITI once |
| List other specific training required or provided by EH&S, DOAC veterinarian, IACUC or PI. | | | |
|  | |  |  |
|  | |  |  |

|  |  |
| --- | --- |
| **LSUHSC-NO IACUC USE ONLY \* DO NOT SUBMIT TO GRANTING AGENCY** | |
| **In the judgment of the IACUC, the individual identified in this CIP amendment is authorized and trained to participate in the listed IACUC protocol(s) activities**.    **Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Approval:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Charles Nichols, PhD, IACUC Chair OR  Paul Fidel, Jr., PhD, IACUC Vice-Chair |

**Conflict of Interest Team Member Form**

Principal Investigator Name:

|  |  |  |
| --- | --- | --- |
| IACUC # | Project Title | Funding Source, if applicable |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  | Team Member Name | | Institution Name | For External Institutions Only  Is the institution listed on  the [FDP](http://sites.nationalacademies.org/PGA/fdp/PGA_070596) website? | | E-mail Address |
| --- | --- | --- | --- | --- | --- | --- |
|  | First | Last |  | Yes | No |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |