Email completed form to [iacuc@ocm.utah.edu](mailto:iacuc@ocm.utah.edu)

A 1.0 Today’s Date

A 2.0 Protocol Number: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

A 3.0 Principal Investigator:

A 4.0 Have new individuals that come in contact with the animals in the project completed the online species-specific training, University of Utah Core, Common Compliance Issues, and Occupational Health training modules provided by the U of U Institutional Trainer? Yes:

***NOTE****: If* ***“No”*** *above do not send in this form until training is completed. Training instructions are found at* [*Training Instructions*](https://iacuc.utah.edu/pdf/IOT.pdf) *or call the IACUC training coordinator at 1-5950.*

A 5.0 New personnel involved in the study.

A 5.1 List **NEW** personnel to be added to the study (*tab* to expand table).

|  |  |  |
| --- | --- | --- |
| **Name** | **Responsibility\***  **(I, S, A, P, E, O)** | **Describe experience, hands-on training, and/or other responsibilities.**  **If no previous experience/training, who will train the individual?** |
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|  |  |  |

\*Responsibility: I = Injections/blood collection S = Surgery A = Anesthesia P = Post-procedure monitoring E = Euthanasia O = Other animal procedures

A 5.2 Veterinarian review of the qualifications of the persons conducting surgery (survival and/or non-survival):

Yes - I have discussed with the clinical veterinarian the qualifications of the persons conducting surgery and/or terminal procedures as listed in section A 5.1 and they agree that they are appropriately qualified and trained in the procedures.

Name of Clinical Veterinarian who discussed qualifications (contact 581-6430):