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| --- |
| **FOR FLORIDA INSTITUTE OF TECHNOLOGY IACUC USE ONLY** |
| **IACUC Number:** | Click here to enter text. | **Receipt Date:** | Click here to enter text. |
|  **IACUC Reviewer/Designee Signature:** |  |

**PERSONNEL MODIFICATION FORM**

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

Florida Institute of Technology

150 West University Blvd.

Melbourne, FL 32901

iacuc@fit.edu

**Please ensure each person added has completed required IACUC training provided by the CITI Program and is enrolled in the Animal Contact Program for occupational health and safety.**

|  |  |
| --- | --- |
| **Principal Investigator:** | Click here to enter text. |
| **Title of Protocol:** | Click here to enter text. |

**ADD the following personnel:**

 *For each person listed, the experience/training column should be relevant to the species and procedures being used/performed and should include years of experience.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role in Protocol | Experience/Training/Degrees | Mark “X” for each category below |
| General Procedures | Surgery/ Anesthesia | Euthanasia |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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 List/describe any additional specialized training needs and who will conduct the training:

|  |
| --- |
| Click here to enter text.  |

**REMOVE the following personnel**

|  |  |
| --- | --- |
| Name | Role in Protocol |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  |  | Click here to enter text. |
| **PI Signature**  |  | **Date** |

\*If changing PI, the **NEW** PI needs to sign