**PROTOCOL AMENDMENT FOR PERSONNEL CHANGES ONLY**

**1. ADMINISTRATIVE**

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| [**Instructions:** Complete all sections and email to 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**

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| [**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** |
|  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Dr. Harry Fyke** | **915-5324** | **hfyke@olemiss.edu**  |  |  |  | **[x]**  |

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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** |