

IACUC Addition of Personnel

Start of Block: Default Question Block

Q7

IACUC Addition of Personnel Form

This form is to be completed for each person that is to be added to an already approved protocol.

The form can be completed and submitted by the Principal Investigator (PI) or someone associated with the study that has been delegated authority by the PI.

You must upload CITI and Occupational Health and Safety certificates.

The new personnel has completed required CITI and Occupational Health training and the associated certificates will be uploaded.

Yes (1)

No (2)

Skip To: Q22 If IACUC Addition of Personnel Form This form is to be completed for each person that is to be add... = No

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Q1

IACUC Protocol Log Number

Q2 New personnel name

Q3 New personnel status

- Graduate student (1)
- Undergraduate student (2)
- Faculty/staff (including postdoctoral personnel) (3)
- Other (4) _____

Q6 New personnel email address

Q23 Principal Investigator (PI) email address

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Q5 List the personnel's responsibilities.

Select all that apply.

- Surgical procedures (must complete CITI aseptic surgery module) (1)
 - Behavioral procedures (2)
 - Perform any D or E procedures (must complete CITI Minimizing Pain and Distress Module) (3)
 - Basic animal breeding and husbandry (4)
 - Other (5) _____
-

Q4 Select Species

- Rat (must complete rats species specific CITI module) (1)
 - Mouse (must complete mice species specific CITI module) (2)
 - Other (must complete appropriate species specific CITI module) (3)

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Q10 The personnel is experienced and trained in ALL of the procedures they will perform.

Yes (1)

No (2)

Skip To: Q11 If The personnel is experienced and trained in ALL of the procedures they will perform. = No
Skip To: Q12 If The personnel is experienced and trained in ALL of the procedures they will perform. = Yes

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Q11 No was selected for "The personnel is experienced and trained in ALL of the procedures that they will perform."

Identify who will be responsible for training.

It is acceptable to indicate that they will be trained by the experienced staff listed on the project, by the attending veterinarian, or by members of the animal facility staff who are experienced in the procedure. For teaching activities, only the training and experience of the instructors must be provided. It is not necessary to describe it for the students or trainee participants in the course.

Skip To: Q13 If Condition:

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Q12 Yes was selected for "The personnel is experienced and trained in ALL of the procedures that they will perform."

Describe experience and qualification relevant to the responsibilities on the protocol.

The experience/qualifications should be specific to the activities that the individual will perform (e.g., surgical implantation of microdialysis probes, rat anesthesia, mouse euthanasia, rat ovariectomy). A reference to the number of years of experience with and/or number of procedures performed or the person who provided the training is helpful.

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Q13 Describe formal animal care and use training other than CITI.

List all applicable formal course, presentations attended or training received relevant to the use of animals in research, teaching, or testing being performed for this study. Include the date and location.

Title or description of training(s)

If the personnel has had none, enter "None".

Q14 Location of training(s)

If the personnel has had none, enter "None".

Q15 Date(s)

If the personnel has had none, enter "None".

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Q16 Upload CITI certificate(s)

If multiple CITI files are being uploaded they must be merged and uploaded as a single file.

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Q17 Upload occupational health files. If work restrictions are required per form "C," this must be uploaded.

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Q9 I am:

- the study PI (1)
- not the study PI, but the PI has delegated authority to me to complete and submit this form. The PI will be copied on this submission. (2)
- not the study PI and have not been delegated authority to complete and submit this form. (3)

Skip To: Q20 If I am: = the study PI

Skip To: Q19 If I am: = not the study PI, but the PI has delegated authority to me to complete and submit this form. The PI will be copied on this submission.

Skip To: Q22 If I am: = not the study PI and have not been delegated authority to complete and submit this form.

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Q19 I am not the study PI, but the PI has delegated the authority to me to complete and submit this form.

Assurance Statements: The PI has granted me authority to submit this form on their behalf. The information provided is accurate and complete. I will not engaged engage in any activities for which I am not properly trained or qualified or overseen by a qualified person. The research will be performed under the oversight of the PI.

Yes to all (1)

No to any (2)

Skip To: Q21 If I am not the study PI, but the PI has delegated the authority to me to complete and submit this f... = Yes to all

Skip To: Q22 If I am not the study PI, but the PI has delegated the authority to me to complete and submit this f... = No to any

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Q20 I am the study PI.

Assurance Statements:

The information provided is accurate and complete. The personnel will not engaged engage in any activities for which they are not properly trained or qualified or overseen by a qualified person. The research will be performed under the oversight of the PI.

Yes to all (1)

No to any (2)

Skip To: Q21 If I am the study PI. Assurance Statements: The information provided is accurate and complete. Th... = Yes to all

Skip To: Q22 If I am the study PI. Assurance Statements: The information provided is accurate and complete. Th... = No to any

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Q21 This request has been submitted to the IACUC for review.

You will receive an approval or request for clarification from the IACUC.

If you have any questions, please contact researchcompliance@kent.edu

YOU MUST CLICK SUBMIT

Skip To: End of Survey If This request has been submitted to the IACUC for review. You will receive an approval or request... Is Displayed

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Q22 This request has NOT been submitted to the IACUC for review due to one of the three following issues: You indicated CITI and Occ Health training is incomplete. You are not the study PI and indicated that the study PI has not delegated authority to you to complete and submit this form. You failed to endorse all assurance statements.

Please take action to remedy the applicable issue and resubmit the form.

If you have any questions, please contact researchcompliance@kent.edu

YOU MUST CLICK SUBMIT

Skip To: End of Survey If This request has NOT been submitted to the IACUC for review due to one of the three following iss... Is Displayed

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