



CHANGE IN PRINCIPAL INVESTIGATOR: PROTOCOL AMENDMENT FORM

Instructions: 1) Please type the information. An electronic version of this form is available at <http://www.meduohio.edu/research/rga400s.html>. 2) Use a separate form for each protocol. 3) Please submit the original and 2 copies.

Current P.I. Name:

IACUC Protocol #:

IACUC Protocol Title:

Date of Request:

Requested Date of Change:

1) Complete ALL information in tables below for the new P.I. See instructions on next page

New P.I. Name:
MUOT Position: Professor
Department:
Soc. Sec. #

Procedure and Species	Experience
1)	Years
2)	Years
3)	Years
4)	Years
5)	Years

2) If the new PI has no previous experience in any of the procedures and/or species listed, for each procedure, describe how s/he will be trained and who will administer and monitor the training. Describe other relevant experience.

Principal Investigators Certification:

I certify that:

- a) I understand the requirements of the PHS policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations, MUOT's policies governing the use of vertebrate animals for research, testing, teaching, or demonstration purposes, and I will conduct the project in full compliance with the aforementioned requirements.
- b) The protocol, together with any approved amendments, accurately describes all the experimental procedures involving animals on this protocol.
- c) Myself and all approved personnel on this protocol:
 - 1. Have received appropriate training in procedures employed on this protocol.
 - 2. Have the required training from DLAM, i.e. have viewed the appropriate DLAM training tapes.
 - 3. Have an up-to-date *Exposure Profile* for health surveillance with Safety and Health Dept. (see next page).

Signature of New Principal Investigator Date

Signature of Current Principal Investigator Date

MUOT IACUC Use Only:		
PROTOCOL PI CHANGE APPROVED		
Signature of Chair/Vice Chair, IACUC	Date	Protocol Expiration Date

INSTRUCTIONS: Change in PI

The following are requirements for final IACUC approval:

- a) New PI must be a regular (paid) MUOT faculty
- b) All relevant DLAM training tapes viewed
- c) Exposure Profile filed with the Safety and Health Department
<<http://monitor.MUOT.edu/depts/safetyandhealth/forms.html>>

The following guidance is to aid the P.I. in providing all the required information.

MUOT Position: Professor, Associate Professor, Assistant Professor, Instructor

Soc. Sec. #: **REQUIRED**, but it will be used only for database entry.

Procedure and Species: Please list each procedure (e.g., surgery, anesthesia, fluid/tissue collection, euthanasia, etc) on a separate line, as in question 50 on the protocol.

Years of Experience: Years of experience must be indicated separately **FOR EACH PROCEDURE** and must be appropriate for the **SPECIES used in this protocol**. If experience with appropriate species is zero, relevant experience with other species can be mentioned in the answer to *Item 2*