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| twul-b-v | **Institutional Animal Care Committee**  ***Animal Use Protocol Amendment Form***  ***Personnel Changes*** |

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| This form is used to request additions or deletions of personnel associated with the Animal Use Protocol specified below or to modify the animal handling activities of personnel already approved to work under that protocol.  Follow the Instructions for Completing AUP Applications at <http://www.twu.ca/research/research/animal-care/protocols.html>.  **Please submit the completed, signed application, containing all attachments, and an electronic copy to the** **IACC Coordinator, Neufeld Science Centre, 7600 Glover Rd, Langley, BC, V2Y 1Y1.**  Email: [Kehler@twu.ca](mailto:Kehler@twu.ca) Tel: (604) 888-7511 ext 3249  **Date (M/d/yyyy):** | ***For Administrative Use Only*** | |
| **Protocol Number** | **Date Received** |
|  |  |
| **Category of Invasiveness** | |
|  | |

**1. Administrative Information**

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| --- | --- |
| Course Number (if applicable) and Project Title |  |
| Name of Principal Investigator/Instructor: |  |
| Department: |  |
| Contact Numbers: |  |
| Email: |  |
| Funding Agency (for research protocols) |  |

**2. Addition or Deletion of Personnel**

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| --- | --- | --- | --- | --- |
| Specify names and whether faculty, student or staff and check off if they are being deleted or added to the AUP. | | | | |
| **Name** | **Department** | **Position** | **Addition** | **Deletion** |
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**For personnel being added to the AUP, include the following information for each individual.**

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| Contact information (phone number and email address) : |
| Describe their animal handling role: |
| Describe their qualifications and training as it relates to animal care and use: |

**3. Change in Animal Handling Role for Existing Personnel**

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| --- | --- | --- |
| **Name** | **Additional Activities** | **Deleted Activities** |
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**4. Signatures**

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| **Name: Principal Investigator/Instructor** | **Date (M/d/yyyy)** | **Signature** |
|  |  |  |
| **Name: IACC, Chair** | **Date (M/d/yyyy)** | **Signature** |
|  |  |  |