PI:

IACUC Protocol #:

**PERSONNEL ADDITION FORM**

List all people who must be added to the IACUC protocol listed above. Please note that for every person to be added, EACH section must be completed. *Please indicate the specific procedures each person will be performing, as well as their qualifications and experience for performing those procedures. If they do not have any experience, please indicate who will be responsible for training them.*

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| Name |       |
| Department |  |
| Email |  |
| Procedures |  |
| Species |  |
| Qualifications |  |
| Completed OHQ? |  |

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| Name |       |
| Department |  |
| Email |  |
| Procedures |  |
| Species |  |
| Qualifications |  |
| Completed OHQ? |  |

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| Name |       |
| Department |  |
| Email |  |
| Procedures |  |
| Species |  |
| Qualifications |  |
| Completed OHQ? |  |