**Required Documentation for the** **Personnel Modification Form**

Please ensure you have the following documents before submitting them to the Molecular Sciences Research Center’s Institutional Animal Care and Use Committee (MSRC’s IACUC).

[ ]  **Certificates.** All individuals who work with animals must meet the educational requirements of the CITI Program. The investigator submitting the proposal (the principal investigator or on behalf of the principal investigator) must provide evidence of course completion. If other members are currently taking these courses, mention it in the Transmittal Letter.

*General*:

[ ]  Working with the IACUC

[ ]  Animal Care and Use

*Animal Model*: Investigators are also mandated to undergo CITI Program educational course on the specific animal model they will use in their experiments.

[ ]  Working with Mice in Research Settings

[ ]  Working with Rats in Research Settings

[ ]  Working with Amphibians in Research Settings

[ ]  Working with Fish in Research Settings

*Surgery*: Investigators performing survival surgery must take these sessions

[ ]  Aseptic Surgery.

[ ]  Post-Procedure Care of Mice and Rats in Research. Only for work on rodents.

[ ]  **Certificate of Animal Exposure Surveillance Program Participation.** An official written assurance from an Occupational Health Clinic or Medical Services must be provided to the IACUC as part of the documentation when initially submitting an animal protocol, adding new personnel to an approved protocol, changing an individual's health status, or when requested by the medical reviewer.

[ ]  **Evidence that a modification to the Institutional Biosafety Committee (IBC) has been requested, approved, or is in the process of being applied for adding new investigators to the project.** An email to the MSRC’s IBC notifying that the IBC associated with the IACUC’s *Protocol* must be modified counts as evidence.

[ ]  **Signatures:** The investigator submitting the proposal, the principal investigator, the attending veterinarian, and the Animal Facility’s director must sign the Animal Use Application form before submission.

Don’t hesitate to contact the MSRC’s IACUC (iacuc.msrc@upr.edu) if you have any questions regarding completing the form.

**Disclaimer**:

The IACUC frequently inspects sites where animal procedures occur. These areas encompass a range of activities, including survival and non-survival surgeries, physiological and pharmacological procedures, body fluid retrieval, and behavioral testing. Without previous announcement, the IACUC members reserve the right to interview any personnel working with animals in those areas. ***A knowledge deficit in any personnel could result in the Protocol’s pause, personnel retraining or exclusion, or Protocol’s cancellation***.

Any suggestions for this *Protocol* could be submitted to the iacuc.msrc@upr.edu.

Consult the MSRC’s Attending Veterinarian, Dr. Marilyn Arce (marcevet08@gmail.com), or the IACUC’s Chair, Dr. José E. Lizardi Ortiz (iacuc.msrc@upr.edu), for questions.

**Instructions**:

You must read the following instructions before completing this Personnel Modification form.

**Note**: *To have the privilege of performing experiments on live animals, you need to request permission from the IACUC and the Institutional Biosafety Committee (IBC). The IACUC will only review the housing, handling, euthanasia, and any procedure or condition executed on live animals****.*** *Adding new investigators that will participate in handling or procedures on animal-derived material or corpses must be reported to the IBC.* Visit the [MSRC’s IBC](https://cicim.upr.edu/institutional-biosafety-committee-ibc/) website for more information about how to add new investigators to the IBC protocol associated with your animal *Protocol*.

1. The Principal Investigator (PI) could delegate the form to an appropriate investigator. The PI must be included in any written communication and notified of any event in any non-written communication. The PI must read, understand, and approve (sign) the form. ***Non-fulfilment of this statute could delay the Personnel Modification form’s approval or the Protocol's cancellation.***
2. The PI or the delegate may be contacted for more information.
3. Add the *Protocol* number to the “**IACUC Protocol No.**” section on Page 1 (top right corner).
4. Provide as much information as possible for clarity, including references and certifications.
5. After filling out this form, compile all the required information on the front page and submit it to the MSRC’s IACUC email (iacuc.msrc@upr.edu).
6. Ensure that before starting any animal work, all new personnel associated with this study:
	1. Have read the MSRC’s Vivarium Safety Manual (MVSM).
	2. Have completed the MSRC’s Animal Use orientation and training.
	3. Have received a copy, read, and understand the approved version of this *Protocol*.

**202X–XXXX**

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| A logo with orange letters  Description automatically generated | Personnel Modification Form | **IACUC Protocol No.** |

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| 1. GENERAL INFORMATION
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Name of Principal Investigator:

Name of the Delegate (if applicable):

# Title of Project:

Principal Investigator e-mail:

Delegate email (if applicable):

Principal Investigator Telephone Number:

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| **Investigators to be removed from this *Protocol*** |
|  |
| **Name** | **University** | **e-mail** |
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| **New investigators authorized to conduct procedures on animals under this *Protocol*** |
|  |
| **Name** | **University** | **e-mail** |
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| 1. For each new investigator, identify the procedures and activities that will be performed under this *Protocol* and their qualifications, training, and experience. *Provide evidence of training or experience at the end of this document*.
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| 1. **SIGNATURES**
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**Principal Investigator**:

By signing this document, I,  , certifies the accuracy and completeness of the information provided in this *Protocol*. I am responsible for ensuring the personnel performing this study (including myself) have read the complete *Protocol* and follow *the Guide*, PHS policy, MSRC’s Vivarium Safety Manual, the standard operating procedures (SOPs), and applicable institutional, state, and federal regulations.

I am aware that any modification of this study as described here requires prior approval by the IACUC. ***Deviation from this Protocol could result in the Protocol’s pause, personnel retraining or exclusion, or Protocol’s cancellation***.

Signature: Date:

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| **Delegate *(If applicable)***Name:      Signature: Date:       |
| **Certification of Final Approval by IACUC Chair**Name:      Signature: Date:       |