



**UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS
RESEARCH AND SPONSORED PROGRAMS**



utoledo.edu/research

RSP440 (8/07)

CHANGE IN PRINCIPAL INVESTIGATOR: PROTOCOL AMENDMENT FORM

Instructions: 1) Please type the information. An electronic version of this form is available at <<http://utoledo.edu/research/forms.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:
UT 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, UT-HSC'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) UT-HSC faculty
- b) All relevant DLAM training tapes viewed
- c) Exposure Profile filed with the Safety and Health Department
<<http://monitor.UT.edu/depts/safetyandhealth/forms.html>>

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

UT-HSC 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*