**Protocol Personnel Update Form Please note - protocol personnel may only be changed by someone already listed as a protocol participant.**

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| **Date** | **Requestor: Name and Email** | **Principal Investigator(s)** | **Protocol #s** |
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**Submission Checklist: The following must be complete prior to submission of form for addition/change in personnel**. Check the related field for all individuals listed below. **Incomplete requests, including blank surgery fields will be returned without processing.** See the [eSirius Protocol and Amendment Submissions](https://rgw.arizona.edu/compliance/IACUC/ProtocolSubmissions) page for a video on how to view the protocol participation requirements on the Protocol Title & Description page.

* [**CITI**](https://about.citiprogram.org/en/homepage/)**:** All courses listed on the Protocol Title & Description page are complete (contact IACUC Program staff for DRAFT protocols). See [How to use CITI](https://rgw.arizona.edu/compliance/IACUC/Personnel/CITI) page (videos and instructions available) for additional help with CITI.
* [**Risk Assessment Questionnaire**](https://msp.occhealth.arizona.edu/msp/msp.php) **(RAQ):** Has been submitted by both individual and PI representative.
* [**General Rodent Surgical Training**](https://rgw.arizona.edu/compliance/IACUC/Personnel/GRST) **(GRST):** Has been completed by surgical participants (option 4 or 5 checked) (only required for **rodent** protocols with **surgery** listed on the Table of Contents)

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| **Add/Change Personnel Check (“X”) all that apply or N/A** | | | | | | | | | **IACUC Office Only** | | |
| **1. Name** | **2. Email Address** | **3. Primary Role1** | **4. Surgery2** | **5. Surgical Support3** | **6. Personnel Competency4** | **7. CITI** | **8. RAQ** | **9. GRST** | **Certification Needed (Individual)** | **eSirius** | **ADMIN** |
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| **Required field for all Surgical Participants** (option 4 or 5 checked above)**:** Describe this individual's experience and training with the species and the procedures listed on the Surgery page in the Protocol. If individual is untrained, address who will perform training and how competency will be determined. |
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| **Delete Personnel:** | | **eSirius** | **ADMIN** |
| **List Name(s):** |  |  |  |

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| **IACUC Office Use** | **Certification Needed for Protocol Participation** |
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1**Primary role: List one of the following options only - Protocol Participant, Protocol Contact, Co-PI, No Animal Contact**

2This individual is the surgeon performing survival or non-survival surgery.

3This individual will perform surgical support activities for the surgeon (e.g: pre-op, anesthesia/monitoring, handing instruments to the surgeon, post-op/recovery), but is not the surgeon.

4By checking the box I certify that I am aware of the specific training of this individual and assert that they will not perform work on this protocol autonomously until fully trained. A "Fully Trained" individual is on who has been trained by experienced staff in the activities and species listed on the protocol. **Hands on training in standard live animal procedures is available from University Animal Care, if requested.**