

Addition of Personnel to an Approved UMCP IACUC Protocol

Principal Investigator: _____
 Protocol #: _____
 Protocol Title: _____

Name:		Email:	
Building:	Room:	Telephone:	
Affiliation (i.e., Co-PI, Post-Doc, Grad Student, Undergrad):			
Credentials:			
Animal activities performed on this protocol:			
Experience working with each species:			
Experience with animal procedures listed above:			
Training the individual will receive:			
Completed the PI/Animal User training?		On Date:	

Name:		Email:	
Building:	Room:	Telephone:	
Affiliation (i.e., Co-PI, Post-Doc, Grad Student, Undergrad):			
Credentials:			
Animal activities performed on this protocol:			
Experience working with each species:			
Experience with animal procedures listed above:			
Training the individual will receive:			
Completed the PI/Animal User training?		On Date:	

Name:		Email:	
Building:	Room:	Telephone:	
Affiliation (i.e., Co-PI, Post-Doc, Grad Student, Undergrad):			
Credentials:			
Animal activities performed on this protocol:			
Experience working with each species:			
Experience with animal procedures listed above:			
Training the individual will receive:			
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