|  |
| --- |
| **Personnel Amendment** |
| **Principal Investigator:** |  |
| **Title of Protocol:** |  |
| **Protocol Number:** |  |
| **Date of Amendment Submission:** |  |
| **USDA Pain and Distress Category:** |  |
|  |  |
|  |  |

**Please make the following change(s) to this protocol:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Add** | **Delete** | **Name & Degree** | **AALASCompletion Date** | **Procedures this person will perform and their experience** |
|[ ] [ ]   |  |  |
|[ ] [ ]   |  |  |
|[ ] [ ]   |  |  |
|[ ] [ ]   |  |  |
|[ ] [ ]   |  |  |
|[ ] [ ]   |  |  |
|[ ] [ ]   |  |  |

*Individual training records should be maintained with the individual’s name, the procedures you have trained this individual to perform, and the date. List all specific procedures from the protocol that new personnel will perform. (Including euthanasia, administration of anesthesia, specific surgical procedures, monitoring of animals after surgery, administration of substances, etc.)*

*Be advised that the P.I. must assure that all persons participating have demonstrated the competence required to perform these techniques.*

*Each individual is required to submit the certificate of completion of the online course and examination available through the AALAS Learning Library.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Principal Investigator: |  | Date: |  |
| IACUC ApprovalSignature of IACUC Chair: |  | Date: |  |