**Attachment 1**

For IACUC Use Only

Protocol No.: \_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_

**Personnel Information Form**

Submit this form with Form A, Application for Animal Care and Use, if submitting a new protocol, or with Form M, if changing the PI on an existing protocol. Any other personnel changes require submission of this form only. List the PI (if new protocol) and individuals who will be working directly with live vertebrates. All personnel listed must complete the IACUC on-line training course [CITI Program](http://www.eiu.edu/~grants/COMP_IACUC_Training.php) and read and sign the “[Health and Safety for Animal Researchers](http://www.eiu.edu/~grants/COMP_IACUC_Training.php)” document.

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| **Project Information** | |
| Title of Project/Course |  |
| Review Type: | |
| New Protocol  Annual/Triennial Review  Addition of Personnel to IACUC protocol #: | |

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| --- | --- | --- | --- | --- |
| **Principal Investigator / Course Director Information** (Note: PI must be an EIU faculty member) | | | | |
| Name: |  | | Department: |  |
| Phone: |  | | Email: |  |
| PI Contact Phone in the Event of a Disaster: | |  | | |
| Required Training:  Include copies of both certifications with this form | | | | |
| On-line training program – CITI Program  Completed  Not Completed  Health and Safety for Animal Researchers  Completed  Not Completed | | | | |
| PI Duties / Responsibilities: | | | | |
|  | | | | |
| Qualifications / Training related to duties: | | | | |
|  | | | | |

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| --- | --- | --- | --- |
| **Co-Investigator Information** | | | |
| **Co-Investigator:** | | | |
| Faculty  Staff  Student  Other (specify): | | | |
| Co-PI Name: |  | Department / Other Institution: |  |
| Phone: |  | Email: |  |
| Required Training:  Include copies of both certifications with this form | | | |
| On-line training program – CITI Program  Completed  Not Completed  Health and Safety for Animal Researchers  Completed  Not Completed | | | |
| Duties / Responsibilities: | | | |
|  | | | |
| Qualifications / Training related to duties: | | | |
|  | | | |

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| --- | --- | --- | --- |
| **Co-Investigator:** | | | |
| Faculty  Staff  Student  Other (specify): | | | |
| Co-PI Name: |  | Department / Other Institution: |  |
| Phone: |  | Email: |  |
| Required Training:  Include copies of both certifications with this form | | | |
| On-line training program – CITI Program  Completed  Not Completed  Health and Safety for Animal Researchers  Completed  Not Completed | | | |
| Duties / Responsibilities: | | | |
|  | | | |
| Qualifications / Training related to duties: | | | |
|  | | | |

Use additional copies of this form as needed.