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| **Modification Request Application**  *Minor Changes* | IACUC #: |  |
| C:\Users\brkennedy\Dropbox (Chapman)\Letterhead Logos\CU_OOR_Logo_CS.jpg  Chapman University  Institutional Animal Care and Use Committee | Mod #: |  |
| Level of Review: | Administrative |
| *For Office Use Only* | |

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| **Protocol #:** |  |
| **Protocol title:** |  |
| **Lead Researcher:** |  |

If you are making minor administrative changes (e.g., changes to non-key personnel, locations, etc.), complete and submit this application. Multiple personnel modifications can be made on the same form. (Changes in administrative contacts do not require this form.) A revised protocol narrative is not required for minor changes. Refer to the IACUC Policy on Modifications for more information and submission instructions.

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| NOTE: Changes in key personnel (i.e., Lead Researcher, the PI) cannot be made on this form and must use the Significant Modification Request Application. |

*Place an* ***X*** *in the checkboxes that apply to indicate the changes that are being proposed.*

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| **Administrative** | | *Specify* |
|  | Change in animal housing/procedure/surgery room: |  |
|  | Change/Addition in funding source: |  |
|  | Change in contact information of Lead Researcher:  *(e.g., mailing address, phone numbers, email, etc.)* |  |
|  | Other (describe): | |
| **Description:** | |

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| --- | --- | --- | --- | --- |
| **Personnel** | | | | |
|  | Delete personnel | | | |
| Name: |  | | |
|  | Change Emergency Contact: | | | |
| **Name** | | **Chapman University email** | **After-hours Phone #** |
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| --- | --- |
|  | Add personnel |
| ***Requirements:***   * *Chapman Email Address A Chapman email address must be established so that CITI training can be verified.* * *CITI Basic Training Login to the* [*CITI website*](https://www.citiprogram.org/)*; then enroll and complete the basic training (and any other additional modules as required).* * *RASQ and LAOHP Questionnaires  Submit the RASQ Questionnaire. (This needs to be updated annually.)* |

*For personnel additions, complete Sections F and 9 below for the newly added personnel:*

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| **Personnel cannot handle animals until they have completed all requirements and been officially added to the protocol.** | | | | | | |
| 1. **Study Team Members** | | | | | | |
| *List personnel who will have contact with live animals. Only individuals listed below will be authorized to handle animals when IACUC approval is granted.* | | | | | |
| *Additional training and orientation is required for staff to gain access to campus vivarium areas. For more information, please review the training policy* | | | | | |
| *(To add more rows, place cursor in the last cell on lower right and press the key “Tab”)* | | | | | |
| **Name** | **Chapman Email** | [**CITI Training**](https://www.citiprogram.org/) **Completed?** | | [**RASQ**](https://www.chapman.edu/research/integrity/iacuc/safety-with-animals.aspx)  **Current?** | |
| *Refresher training required every 3 years* | | *Must be updated annually* | |
| **Yes** | **No** | **Yes** | **No** |
| *Study Team Members:* | | | | | |
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**Section 9: Roles, Responsibilities and Experience of the Study Team**

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| --- | --- | --- |
| *List below all study team members who will have contact with live animals.*   * *Personnel listed here need to also be listed in Section F.* * *Describe each person’s specific role and responsibility on the project, including the procedures they will perform.* * *Indicate who will be responsible for the daily care and monitoring of the animals.* * *Provide a description of their qualifications, level of training and expertise.* * *If a study team member does not have relevant experience or training for a particular species or procedure they will perform, describe how they will be trained.* | | |
| *(To add more rows, place cursor in the last cell on lower right of the section you want to add and press the key “Tab”)* | | |
| **Research Personnel:** | | |
| Name | Qualifications, Level of Training, and Research Responsibilities |
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| Approval for inclusion of this modification into the referenced protocol has been granted by the IACUC at Chapman University. | | |
| IACUC Chair | Date |  |