

 Institutional Animal Care and Use Committee

**IBC Amendment - Change in Personnel** Revised 1/09/2019

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| **INSTRUCTIONS: Use this form ONLY when there is NOT an IRB or IACUC associated with this IBC.** ALWAYS download the latest version, and then save this form before completing it. DO NOT type into the gray shaded areas. Add lines to tables as needed. To check a box, point the cursor to the box and left click. Submit amendment by emailing the completed form in WORD format along with any supporting documents to: **IBCoffice@lsuhsc.edu****.**  *Personnel submitting on behalf of the PI must cc the PI on the email for IBC acceptance of the application.*  Paper submission will not be accepted. |

**Electronic Submission Date:**

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| **PI first & last name**  |  | **Email** |  |

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| **1.** | **Complete the table for all applicable projects affected by this change.** *(Use IACUC CIP form or IRB CIP process for animal or human research projects.)* |
|  | **IBC #** | **Amend #** | **Project Title** |
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| **2.** | **List the full names of all individuals removing from this project.** |
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| **3.** | **To authorize participation of an individual, provide the demographic information of the individual and complete all applicable items.** *(When adding, list only one person per CIP form.)* |
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|  | **Frist & last name** |  | **Degree** |  |
|  | **Email** |  | **Office or lab phone** |  | **Cell phone** |  |
|  | **Department** |  | **LSU Health School of** |  |
|  | **Personnel status** | [ ]  Faculty [ ]  Staff [ ]  Gratis Appointment [ ]  Fellow [ ]  Student (medical/graduate) |
|  | **Role in project** | [ ]  Investigator [ ]  Lab technician [ ]  Animal technician/care taker [ ]  Data processing only |
|  | **Identify procedures, experiments and activities in this study that this individual has been trained to perform.** |
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|  | **If authorizing a Non-LUSHSC-NO individual, provide name and address of the institution (or company). All LSUHSC compulsory training is required; consideration will be given if documentation of other institutional comparable training is submitted with CIP.** |
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| **Training History****Individuals can retrieve or print their certification dates from KDS:** [*KDS on-line training*](https://intranet.lsuhsc.edu/ctms/kds/home/) | **Date completed** | **Source** |
| --- | --- | --- |
| Date PI or PI designee trained the named individual to this **protocol, lab, and/or clinic prior to conduct work authorized to perform.** |  | Required |
| **Institutional Required Training Modules**  [**KDS:** [*https://intranet.lsuhsc.edu/ctms/kds/home/*](https://intranet.lsuhsc.edu/ctms/kds/home/)] | **KDS** |
| **LSUHSC** Conflict of Interest in Sponsored Projects*(Required for* ***ALL*** *team members participating in* ***ALL*** *research projects, whether sponsored or not, human, animal or other.)* |  | KDS every 4 yrs. |
| **EH&S Training Modules** [**EH&S:** [*https://www.lsuhsc.edu/admin/pfm/ehs/train.aspx*](https://www.lsuhsc.edu/admin/pfm/ehs/train.aspx)] | **KDS, EH&S** |
| Bloodborne Pathogen – *(High Risk required for researchers; Low Risk for those not performing in lab or working with animals)* |  | KDS-HR annual; KDS-LR every 5 yrs. |
| Laboratory Safety Training *(Required for anyone working in a laboratory setting)* |  | KDS every 3 yrs. |
| IBC and rDNA Compliance Program *(Required for PI & key personnel)* |  | KDS once |
| Shipping Biological Materials *(Personnel who prepares package, ships and/or delivers biologicals, chemicals, pathogens, etc.)* |  | EH&S once |
| Radiation Safety *(Required where applicable)* |  | EH&S once |
| Laser Safety *(Required for Class 3B or 4 lasers)* |  | EH&S once |
|  List other specific training required or provided by EH&S, IBC or PI.  |
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| **\*\*\*\*\*\*\*\* LSUHSC-NO IBC ONLY \*\*\*\*\*\*\*** |
| **In the judgment of the IBC, the individual identified in this CIP amendment is authorized and trained to participate in the listed IBC protocol(s) activities**.**Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Approval:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arnold H. Zea, Ph.D. IBC Chair |

**Conflict of Interest Team Member Form**

***(Submit this page to*** ***COIoffice@lsuhsc.edu******)***

Principal Investigator Name:

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| IBC # | Project Title | Funding Source, if applicable |
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|  | Team Member Name | Institution Name | For External Institutions OnlyIs the institution listed onthe [FDP](http://sites.nationalacademies.org/PGA/fdp/PGA_070596) website? | E-mail Address |
| --- | --- | --- | --- | --- |
|  | First | Last |  | Yes | No |  |
| 1. |       |       |       | [ ]  | [ ]  |       |
| 2. |       |       |       | [ ]  | [ ]  |       |
| 3. |       |       |       | [ ]  | [ ]  |       |
| 4. |       |       |       | [ ]  | [ ]  |       |
| 5. |       |       |       | [ ]  | [ ]  |       |
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| 8. |       |       |       | [ ]  | [ ]  |       |
| 9. |       |       |       | [ ]  | [ ]  |       |
| 10. |       |       |       | [ ]  | [ ]  |       |