**Process for Adding New Personnel to an IACUC Protocol**

Individuals (faculty, staff, students, volunteers) with anticipated animal contact must be listed on your IACUC protocol.

The checklist below outlines the actions required by new personnel AND by the principal investigator in the order in which they should be completed.

**IMPORTANT:** *An individual will not be added to your protocol and will not be cleared to train or work with animals until ALL items are complete.*

Actions Required by Principal Investigator

1. Complete the attached Addition of Personnel Form.
2. Email form to the[IACUC Office](mailto:Iacuc@upstate.edu?subject=Addition%20of%20Personnel%20form%20submission).

Actions Required by New Personnel

1. Complete all CITI [online training and watch the Aseptic Rodent Surgery Video (if applicable).](http://www.upstate.edu/iacuc/training.php)
2. Read the IACUC policy:  [Occupational Health Policy for Individuals with Animal Contact](http://www.upstate.edu/iacuc/pdf/personnel_2_occhealth.pdf) which provides species-specific zoonotic information.
3. File an [Occupational Health Assessment form](https://upstate0-my.sharepoint.com/personal/ritchiej_upstate_edu/Documents/Documents/IACUC/Forms/Occupational%20Health%20Assessment%20for%20Animal%20Contact.pdf) with the Employee Health office, as noted on form.

**DUE to HIPAA regulations, do not submit this form to the IACUC office.**

1. Email a completed Training Summary Form to the [IACUC Office.](mailto:cotyk@upstate.edu)

IACUC Office Review and Clearance

1. The IACUC office will review submitted paperwork.
2. When all actions have been completed and the requested documentation is on file,  
   the IACUC office will clear the individual for participation in your animal research project.

Questions? Email the [IACUC office](mailto:Iacuc@upstate.edu?subject=Addition%20of%20Personnel%20form%20question) or call 315-464-4292

**Does your lab staff need training?**

The Department of Laboratory Animal Resources can provide training/instruction for the following procedures:

* Handling/Restraint of all species
* Injection methods
* Sterile/Aseptic surgical procedures
* Methods of animal identification
* Oral drug administration
* Methods of sample collection

Please contact the DLAR Office at 315-464-6563 to schedule a training session.

|  |
| --- |
| Office Use Only |
| Date added: |
| Date deleted: |

**Addition of Personnel**

(Form must be filed electronically)

**It is the responsibility of the Principal Investigator to assure that all individuals are adequately trained prior to beginning work with any animals. It is mandatory for all personnel (including the Principal Investigator) to complete the required CITI educational training or provide documentation of equivalent training.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Degree** | **Department** | | | | | **SUNY badge ID #** | | | **Email** | | | | |
|  |  |  | | | | |  | | |  | | | | |
| **Work Phone** | **Alternate phone** | | | | **Principal Investigator** | | | | | **⯈Add to IACUC #(s)** | | | | |
|  |  | | | |  | | | | |  | | | | |
| **Has this individual completed the mandatory CITI Lab Animal Welfare Laws & Regulations online training or provided documentation of equivalent training?** Training requirements are posted on the [IACUC Training website.](http://www.upstate.edu/iacuc/training.php) | | | | | | | | | | | | **YES** | | **NO** |
| **Instructions & Certification of Training** | | | | | | | | | | | | | | |
| **In the checklist below, place an [X] in the appropriate column for each procedure that this individual will perform. Include only procedures to be used on this protocol ONLY.**  By indicating that this individual is adequately trained in the procedure(s) below, the Principal Investigator is certifying that the individual is competent to independently perform these procedures. Furthermore, the Principal Investigator understands that procedures marked “Training Required” may not be performed unsupervised by this individual until adequate documentation of training is submitted to the IACUC office. | | | | | | | | | | | | | | |
| **Person responsible for training\*** | |  | | | | | | | | | | | | |
| \***“Trainer”** must contact the IACUC office at the completion of training to provide verification. | | | | | | | | | | | | | | |
| **List all species that will be used on this protocol** | | | **Species 1:** | | | **Species 2:** | | **Species 3:** | | | **Species 4:** | | | |
| **PROCEDURES:** | | | **Adequately Trained** | **Training Required** | | **Adequately Trained** | **Training Required** | **Adequately Trained** | **Training Required** | | **Adequately Trained** | | **Training Required** | |
| **Handling & Restraint** | | |  |  | |  |  |  |  | |  | |  | |
| **Euthanasia:** | | |  |  | |  |  |  |  | |  | |  | |
| Cervical Dislocation | | |  |  | |  |  |  |  | |  | |  | |
| Decapitation | | |  |  | |  |  |  |  | |  | |  | |
| CO2 | | |  |  | |  |  |  |  | |  | |  | |
| Injectable agents | | |  |  | |  |  |  |  | |  | |  | |
| Other – describe: | | |  |  | |  |  |  |  | |  | |  | |
| **Anesthesia:** | | |  |  | |  |  |  |  | |  | |  | |
| Injectable | | |  |  | |  |  |  |  | |  | |  | |
| Inhalational | | |  |  | |  |  |  |  | |  | |  | |
| Regional (local) | | |  |  | |  |  |  |  | |  | |  | |
| **Aseptic Survival Surgery**  **(rodents only)** | | |  |  | |  |  |  |  | |  | |  | |
| **Sterile Survival Surgery**  **(other mammals)** | | |  |  | |  |  |  |  | |  | |  | |
| **Injections:** | | |  |  | |  |  |  |  | |  | |  | |
| Subcutaneous (SQ) | | |  |  | |  |  |  |  | |  | |  | |
| Intramuscular (IM) | | |  |  | |  |  |  |  | |  | |  | |
| Intraperitoneal (IP) | | |  |  | |  |  |  |  | |  | |  | |
| Intravenous (IV) | | |  |  | |  |  |  |  | |  | |  | |
| Submandibular | | |  |  | |  |  |  |  | |  | |  | |
| Retro-orbital | | |  |  | |  |  |  |  | |  | |  | |
| Oral Gavage | | |  |  | |  |  |  |  | |  | |  | |
| Other – describe: | | |  |  | |  |  |  |  | |  | |  | |
| **Other procedures – list below:** | | |  |  | |  |  |  |  | |  | |  | |
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