**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.