Form Instructions

* Submit this form via IRBNet, [www.irbnet.org](http://www.irbnet.org).
* Change of PI is considered a significant change and must be reviewed by the IACUC either by DMR or FCR. Receiving PI must have a faculty position at UTEP, unless otherwise approved by the IO.
* Individual receiving protocol must complete and be current with Basic Laboratory Safety, Biosafety/Bloodborne Pathogens, Vivarium Orientation/Zoonotic Disease and the CITI online training courses before approval. The course description outlining the animal care and use training is posted at: <https://www.utep.edu/orsp/iacup/training-requirements/index.html>. For further explanation regarding the online training, please contact the IACUC Office at 915-747-6056.
* Individual must be enrolled in The University’s Occupational Health Program (OHP) before this amendment can be reviewed and approved by the IACUC. For more information visit the IACUC webpage [https://www.utep.edu/orsp/iacup/](https://www.utep.edu/orsp/iacup) or contact the IACUC Office at 915-747-6056.
* ***NOTE****: PI must complete all federally and institutional training requirements pertinent to the protocol regardless whether they will be working directly with animals or not.*

1. **Protocol Information**

|  |  |
| --- | --- |
| IRBNet No: |  |
| Reference Protocol No:  (A-2XXXXX-1) |  |
| Project Title: |  |
| Will funding source change? | ☐ Yes ☐ No |
| NEW Funding Source: | ☐ NSF ☐ NIH/PHS ☐ Other: \_\_\_\_\_\_\_ |
| New Grant Proposal No. or Account No.: |  |
| New Grant Title: |  |

1. **Principal Investigator Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT PI** | | | |
| Name: |  | UTEP ID: |  |
| Position: |  | Department: |  |
| UTEP Email: |  |
| Justification for transfer of protocol: | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NEW PI** | | | | |
| Name: |  | UTEP ID: |  | |
| Position: |  | Department: |  | |
| UTEP Email: |  | Phone: | |  |
| Describe person’s experience (with animal models) in the specific procedures they will perform under this protocol: | |  | | |
| State who will be supervising and training if not yet qualified to perform procedures | |  | | |

1. **Receiving Principal Investigator Assurance**

* I will comply with the requirements established in the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes.
* I understand that the personnel to be added must not begin work on this protocol until approval is received from the Animal Care and Use Committee.
* I certify that the personnel to be added are fully qualified to perform animal related duties under this protocol or will be trained and supervised by the Principal Investigator or trained personnel named above and will be given a copy of the protocol.
* I accept responsibility for the conduct of research ensuring the care and use of animals to be humanely and ethically appropriate.