Please use this form to add personnel to IACUC and IBC research protocols.

Personnel may begin working on this protocol only after appropriate training has been completed.

IACUC PROTOCOL #  BIOSAFETY PROTOCOL # Principal Investigator:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other Researcher/Student - Legal Name (first, middle initial, last) | | | Date Added to Protocol | | | | Date to be Removed from Protocol (if known) | | |
|  | | |  | | | |  | | |
| Rank (check one) | Faculty Staff Undergrad Student Grad Student  Non-NKU Researcher | | | | | | | | | |
| Required Training | I will verify that all necessary and required training has been completed before this individual begins work under this protocol. | | | | This person could come in contact with human blood or potentially infectious materials related to potential Hepatitis B exposure. As PI, I will verify the completion of Bloodborne Pathogens. | | | | | |
| Animal Contact Assessment Form (required for IACUC protocols) | | Submitted | | N/A | | IBC Contact Assessment Form (required for IBC protocols) | | Submitted | N/A | |
| Person responsible for lab-specific training | |  | | | | | | | | |
|  | | | | | | | | | | |
| Other Researcher/Student - Legal Name (first, middle initial, last) | | | Date Added to Protocol | | | | Date to be Removed from Protocol (if known) | | |
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| Rank (check one) | Faculty Staff Undergrad Student Grad Student  Non-NKU Researcher | | | | | | | | | |
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| Animal Contact Assessment Form (required for IACUC protocols) | | Submitted | | N/A | | IBC Contact Assessment Form (required for IBC protocols) | | Submitted | N/A | |
| Person responsible for lab-specific training | |  | | | | | | | | |
|  | | | | | | | | | | |
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| Person responsible for lab-specific training | |  | | | | | | | | |
|  | | | | | | | | | | |
| Other Researcher/Student - Legal Name (first, middle initial, last) | | | Date Added to Protocol | | | | Date to be Removed from Protocol (if known) | | |
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| Animal Contact Assessment Form (required for IACUC protocols) | | Submitted | | N/A | | IBC Contact Assessment Form (required for IBC protocols) | | Submitted | N/A | |
| Person responsible for lab-specific training | |  | | | | | | | | |

Return this form to [iacuc@nku.edu](mailto:iacuc@nku.edu) or [biosafety@nku.edu](mailto:biosafety@nku.edu)