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) |
|  |  |  |
| 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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| 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 or biosafety@nku.edu