Please use this form to add students to IACUC and IBC teaching protocols. Students will be permitted to work only on protocols listed below. Students may begin working on protocols only after appropriate training has been completed.

[ ]  IACUC PROTOCOL # Click here to enter text. [ ]  BIOSAFETY PROTOCOL #Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Principal Investigator  |  | Course #s  |  | Semester/Year |  |
| Protocol Name:  |  |
| Effective Date |  | Date to be removed from protocol (if known) |  |
| Who will be responsible for lab/field-specific training?  | [ ] PI [ ] Other, please specify: |

TRAINING REQUIRED FOR PARTICIPATION IN COURSE ACTIVITIES

(Use list below. Check all modules required for your course).

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Hazardous Waste Training  | [ ]  N/A | [ ]  Responsible Conduct of Research (CITI)  | [ ]  N/A |
| [ ]  Bloodborne Pathogen Training  | [ ]  N/A | [ ]  Student Animal Research Training (CITI) | [ ]  N/A |
| [ ]  Biosafety Lab Training  | [ ]  N/A | [ ]  Wildlife Research Training (CITI) | [ ]  N/A |
| [ ]  Course Specific/Lab Training | [ ]  N/A | [ ]  Amphibian Research Training (CITI) | [ ]  N/A |
| [ ]  Animal Contact Assessment Form – Required for all IACUC projects (submitted to NKU Health, Counseling & Student Wellness) | [ ]  N/A |
| Other: Click here to enter text. |

Please Enter Name of Each Student Below

|  |  |  |
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|  |  |  |
|  |  |  |
| Could any of these individuals come in contact with human blood or potentially infectious materials related to potential Hepatitis B exposure? | [ ] Yes[ ] No |

Comments: Click here to enter text.

[ ]  As the Principal Investigator of this project, I would like the above-referenced students added to from my protocol on the effective date listed. I certify that all required training has been completed. I will contact the IACUC Office/IBC Office if this status changes.

*Return this form to* *iacuc@nku.edu* *or* *biosafety@nku.edu*