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| **INSTRUCTIONS**:   * Submit your completed application along with any required supplemental documentation (see [Appendix A](mailto:Appendix%20A)) to [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu) for review.   ***Note****: Modifications made to Supplemental Form A must be captured using track changes (****preferred method****) or highlighting the changes within the previously approved document.*   * E-mail [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu) for any questions you may have regarding this form. |

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| Version Date: | Enter date when form is first completed or date when form is last updated |
| IACUC #: | Enter text |
| Project Title: | Enter text |

| 1. **ADMINISTRATIVE INFORMATION** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Principal Investigator Name¥**:  Enter text | | | **You are**:  Faculty  Staff | **Department**: | Enter text |
| **E-Mail**: | | Enter text |  |  |
| **Phone #**: | | Enter text |
| ¥ | *Per the federal regulations, only one individual can be named as the principal investigator of the project. Bowdoin students are NOT permitted to serve in the role of principal investigator.* | | | | |

| 1. **REQUEST CHANGE IN PERSONNEL OR PERSONNEL ROLES/RESPONSIBILITIES** |
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| 1. **Are you requesting a change in Principal Investigator?**  No  Yes *(see note below)*   *If ‘Yes’, do NOT proceed with submitting this form. A change in Principal Investigator cannot be administratively processed. Please submit an ‘****IACUC Amendment Form****’ for review instead.* |
| 1. **You are**:*(select all that apply)*   Adding personnel *(complete question ‘2a’ below)*  Removing personnel *(complete question ‘2b’ below)*   1. List the name(s) of the personnel to be **added**:   Enter text   1. List the name(s) of the personnel to be **removed**:   Enter text |
| 1. **If this amendment adds new personnel, briefly describe their role(s) or responsibilities**:   ***Note****: Specify the animal procedure(s) the new personnel will perform. For each procedure, indicate whether they will require training and/or supervision to conduct the procedure independently.*  Enter text |
| 1. **Does this amendment include a change in role or responsibility for current personnel?** *(e.g., current personnel will be tasked with conducting additional animal procedures not previously documented in the Supplemental  Form A.*   No  Yes *(specify below any new animal procedure(s) the individuals will perform, and indicate whether they will require training and/or supervision to perform each specific procedure independently)*  Enter text |
| 1. **Have applicable IACUC documents (Supplemental Form A) been revised to incorporate the requested change(s)?**  Yes  No   ***Note 1****: All modifications to IACUC documents must be captured using track changes (****preferred method****) or highlighting the changes within the Word document.* |

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| **C. LAB ACCESS** |
| **1. List the spaces the added personnel will need access to.**  Enter text |
| **2. What date should this access start?**  Enter text |

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| **Optional Applicant Remarks:** |
| Enter text |