



**WICHITA STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
AMENDMENT FORM**

Date:

Protocol #:

PI:

Protocol Title:

Animal Species:

1. Describe specific proposed change to the protocol

2. Personnel Changes

**If adding personnel please complete the below information. If not applicable mark this box
(If adding more than one person please provide their information on a separate Word document)**

Name (First, MI, Last):

Department:

E-mail Address:

Mark as applicable: **WSU Faculty Member** **WSU Grad Student** **WSU Undergrad Student**

Other:

2a. Have new personnel completed CITI Training in the last 3 years: Yes No
(Please contact the IACUC Administrator if more information on CITI is needed – IACUC@wichita.edu)

2b. New Personnel’s Qualifications/Experience:

2c. If new personnel do not have experience, how will they be trained?:

2d. Responsibilities of the new personnel for this study:

Signature of Principal Investigator

Date

Signature of IACUC Representative

Date

****Email completed application forms to IACUC@wichita.edu.****