**Morgan State University**

**Change in Principal Investigator or Animal Transfer to New Protocol**

*Please use this form to make a change in Principal Investigator or transfer to a new protocol #. Please email a copy of this form to the IACUC coordinator* *John.Brandau@morgan.edu* *and upon approval send a copy to the Animal Facility Manager* *Elisabeth.Broussard@morgan.edu*

The individual must complete the CITI online training modules “Responsible Conduct of Research”, “Working with IACUC”, and the module on the species being transferred (e.g., “working with mice”), and enroll in the occupational health program before the amendment will be approved.

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| **Current Principal Investigator (PI)** |
| **Last Name** | **First Name** | **Email** | **Phone** | **Dept/School** | **Building/Room** |
|  |  |  |  |  |  |
| **Species** |  | **# of Animals** |  |

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| **New Principal Investigator (PI):** |
| Last Name | First Name | Email | Phone | Dept/School | Building/Room |
|  |  |  |  |  |  |

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| **Current Protocol # & Title:**  |
| **New Protocol # & Title:** |
| **Species** |  | **# of Animals transferred** |  |

**Current PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I assume responsibility for compliance with Morgan State University Requirements /Public Health Service requirements, as applicable, for work carried out under this protocol.

I assume responsibility for providing each member of the laboratory who will perform procedures under this protocol with a copy of the final version of the approved protocol and require that they follow the procedures described.

**New PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVAL IACUC CHAIR:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_