

Office Use Only  
Date Received

Protocol#

MEHARRY MEDICAL COLLEGE  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE  
**CHANGE IN PROJECT PERSONNEL**

Participants who you propose to add to your project must complete the [CITI animal research online training](#) and register with the Meharry Medical College [Occupational Health Program](#). After they have done this, the IACUC will review your request and notify you when it has been approved; The ACF will also be informed when all requirements have been met. Please email this form to [IACUC@mmc.edu](mailto:IACUC@mmc.edu).

Principal Investigator

Department

Phone

E-Mail

Project Title

Funding Source

Sponsor#

Project period: From:

To:

**Personnel**

**Name**

**Title**

**E-Mail Address**

**Name**

**Title**

**E-Mail Address**

**Principal Investigator's Certification:** All personnel listed in this form are aware of applicable regulations and policies, of the Public Health Service the U.S. Department of Agriculture and Meharry Medical College, and will not deviate from the approved animal use protocol.

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**Principal Investigator Signature Here**