***Northeastern University***

Institutional Animal Care and Use Committee (NU-IACUC)

**Telephone:** 617-373-3958 **Email:** [iacuc-office@northeastern.edu](mailto:iacuc-office@northeastern.edu)

**Website:** <https://animalcare.research.northeastern.edu/>

**SUPPLEMENT P – Personnel Supplement**

*This form is to add the following personnel to All or the identified approved animal care and use protocols belonging to this researcher. Prior to handling animals on any project, all new personnel must complete all IACUC training requirements, and all OARS required training. Personnel may not begin working with or handle animals until they have been authorized by the DLAM/IACUC Administrative Office. Additionally, students who are under 18 years of age may not work with live vertebrate animals at Northeastern University. Add only new personnel using this form.*

|  |
| --- |
| **I. GENERAL INFORMATION** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR:** | | | |  | | DEGREE(S): | |  |
| ACADEMIC POSITION/TITLE: | | | |  | | | | |
| DEPT/DIV: | |  | | | | | | |
| E-MAIL ADDRESS: | |  | | | | | | |
| DIRECT PHONE #: | |  | | | CELL PHONE # | |  | |
| **LABORATORY MANAGER or PRIMARY CONTACT:** | | |  | | | DEGREE(S): | |  |
| E-MAIL ADDRESS: | |  | | | | | | |
| DIRECT PHONE #: | |  | | | CELL PHONE # | |  | |
|  | I authorize adding the following personnel to all my IACUC Approved Protocols | | | | | | | |
|  | I authorize adding the following personnel to the IACUC Approved Protocols listed below: | | | | | | | |
|  | | | | | | | | |

|  |
| --- |
| **I. PROJECT PERSONNEL** |

All personnel listed on a protocol are required to comply with the IACUC Policies on mandatory trainings and obtain Occupational Health and Safety Clearance prior to animal contact or facility entrance. Please go to [the Requirements to work with animals](https://animalcare.research.northeastern.edu/nu-iacuc/working-with-animals/) for the required steps to follow. Please contact the IACUC office for any question at [iacuc-office@northeastern.edu](mailto:iacuc-office@northeastern.edu) or 617-373-3958.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME |  | | | | POSITION |  | | | | |
| NU Status: | | | Undergrad Grad-Student Staff/Faculty/Post-Doc | | | | | | | |
| CELL PHONE # | |  | | | E-MAIL |  | | | | |
| YEARS OF EXPERIENCE WITH PROCEDURES | | |  | | | | | | | |
| YEARS OF EXPERIENCE WITH SPECIES | | |  | | | | | | | |
| WILL THIS PERSON PERFORM SURVIVAL SURGERY? | | | | | YES  NO | | | SPECIES |  | |
| PROCEDURES THIS PERSON WILL PERFORM INCLUDE: | | | | |  | | | | | |
| Has this person been trained in euthanasia of all species in protocol: | | | | | | | | | | YES  NO |
| WILL THIS PERSON NEED TO BE TRAINED BY DLAM? | | | | YES  NO | | | IF YES, WHAT PROCEDURES(below)? | | | |
| ANIMAL HANDLING  EUTHANASIA  INJECTIONS  BLOOD COLLECTION  OTHER: | | | | | | | | | | |
| Will this person work with Controlled Substances: | | | | | | | | | | YES  NO |
| NAME |  | | | | POSITION |  | | | | |
| NU Status: | | | Undergrad Grad-Student Staff/Faculty/Post-Doc | | | | | | | |
| CELL PHONE # | |  | | | E-MAIL |  | | | | |
| YEARS OF EXPERIENCE WITH PROCEDURES | | |  | | | | | | | |
| YEARS OF EXPERIENCE WITH SPECIES | | |  | | | | | | | |
| WILL THIS PERSON PERFORM SURVIVAL SURGERY? | | | | | YES  NO | | | SPECIES |  | |
| PROCEDURES THIS PERSON WILL PERFORM INCLUDE: | | | | |  | | | | | |
| Has this person been trained in euthanasia of all species in protocol: | | | | | | | | | | YES  NO |
| WILL THIS PERSON NEED TO BE TRAINED BY DLAM? | | | | YES  NO | | | IF YES, WHAT PROCEDURES(below)? | | | |
| ANIMAL HANDLING  EUTHANASIA  INJECTIONS  BLOOD COLLECTION  OTHER: | | | | | | | | | | |
| Will this person work with Controlled Substances: | | | | | | | | | | YES  NO |
| NAME |  | | | | POSITION |  | | | | |
| NU Status: | | | Undergrad Grad-Student Staff/Faculty/Post-Doc | | | | | | | |
| CELL PHONE # | |  | | | E-MAIL |  | | | | |
| YEARS OF EXPERIENCE WITH PROCEDURES | | |  | | | | | | | |
| YEARS OF EXPERIENCE WITH SPECIES | | |  | | | | | | | |
| WILL THIS PERSON PERFORM SURVIVAL SURGERY? | | | | | YES  NO | | | SPECIES |  | |
| PROCEDURES THIS PERSON WILL PERFORM INCLUDE: | | | | |  | | | | | |
| Has this person been trained in euthanasia of all species in protocol: | | | | | | | | | | YES  NO |
| WILL THIS PERSON NEED TO BE TRAINED BY DLAM? | | | | YES  NO | | | IF YES, WHAT PROCEDURES(below)? | | | |
| ANIMAL HANDLING  EUTHANASIA  INJECTIONS  BLOOD COLLECTION  OTHER: | | | | | | | | | | |
| Will this person work with Controlled Substances: | | | | | | | | | | YES  NO |
| NAME |  | | | | POSITION |  | | | | |
| NU Status: | | | Undergrad Grad-Student Staff/Faculty/Post-Doc | | | | | | | |
| CELL PHONE # | |  | | | E-MAIL |  | | | | |
| YEARS OF EXPERIENCE WITH PROCEDURES | | |  | | | | | | | |
| YEARS OF EXPERIENCE WITH SPECIES | | |  | | | | | | | |
| WILL THIS PERSON PERFORM SURVIVAL SURGERY? | | | | | YES  NO | | | SPECIES |  | |
| PROCEDURES THIS PERSON WILL PERFORM INCLUDE: | | | | |  | | | | | |
| Has this person been trained in euthanasia of all species in protocol: | | | | | | | | | | YES  NO |
| WILL THIS PERSON NEED TO BE TRAINED BY DLAM? | | | | YES  NO | | | IF YES, WHAT PROCEDURES(below)? | | | |
| ANIMAL HANDLING  EUTHANASIA  INJECTIONS  BLOOD COLLECTION  OTHER: | | | | | | | | | | |
| Will this person work with Controlled Substances: | | | | | | | | | | YES  NO |

*If addition personnel need to be added to this document, please copy/paste the above section*

|  |
| --- |
| **II. PRINCIPAL INVESTIGATOR ASSURANCE OF COMPLIANCE** |

**As the individual responsible for this project, I confirm that:**

***All personnel named above have read the IACUC Approved protocols they will be working on.***

*I accept responsibility for ensuring that all personnel involved in this project will be trained regarding any potential chemical hazards, relevant safety practices and emergency procedures. I confirm that the relevant DLAM/OARS Safety Plan(s) will be followed.*

*I accept responsibility for ensuring that all personnel involved in this project will be trained regarding any potential biological hazards, relevant safety practices, and emergency procedures. If applicable, I confirm that all relevant Institutional Biosafety Committee requirements will be followed.*

*All personnel named above have agreed to participate in this study and are aware of procedures that are approved. All individuals who will be involved with the animals used in the project have been instructed in the humane care, handling, and use of animals, and I have reviewed their qualifications.*

*No change will be made to procedures, care, or housing without prior written notification to and approval by the Northeastern University’s Institutional Animal Care and Use Committee (IACUC).*

*I understand that it is non-compliant to release an IACUC approval date without documentation of a congruency comparison conducted by the IACUC Office. For more information, please see the* [*Policy on Requiring a Congruency Comparison Prior to Release of IACUC Approval Dates*](file:///Users/seansullivan/Downloads/Future%20Policy)*.*

*I understand that failure to comply with IACUC policies and procedures will jeopardize Northeastern University’s Animal Welfare Assurances on file with the NIH, and may lead to revocation of my privileges to conduct animal research at this institution.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Principal Investigator (*provide* *electronic signature*) |  | Date |

*By typing your name, you are submitting an electronic signature that confirms your understanding and adherence to the above statements and IACUC policies. This is considered legal documentation and confirmation of your agreement to execute all activities as approved.*

*Revised: 2-2025*