**CHANGE IN PI FORM**

*Send completed forms to iacuc@liberty.edu*

**SUBMISSION CHECKLIST:**

1. The new PI must meet the Liberty University requirements to be a Principal Investigator.
2. The new PI must complete both pages of the form, and sign the certification statement.
3. Obtain the signature of the existing PI, if applicable.
4. Obtain the signature of the existing PI’s Department Chair for concurrence and approval.
5. Once the necessary signatures are obtained, return the form to the IACUC via email, fax, or campus mail.

**APPROVAL PROCESS:**

1. The Change in PI form is made available to the IACUC for review. This process can take between 2-4 weeks, depending on the severity of the situation requiring the change.
2. Additional information or revisions may be requested by the IACUC prior to approval.
3. You will be notified via email of any IACUC decisions.

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| **REQUEST FOR CHANGE OF PI** |
| IACUC Protocol #:       | Original Approval Date:       |
| Protocol Title:       |
|  |
| Existing PI:       | Title:       |
| Phone:       | Email:       |
|  |  |
| New PI:       | Title:       |
| Phone:       | Email:       |
| Department:       | Work Address:       |
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| **PERMISSION TO CHANGE THE PI** |
| As the existing PI, I give permission for the new PI named above to take over responsibility as PI of the IACUC protocol indicated above. *(In the event the existing PI is absent, only the Department Chair’s signature is required below).* |
| Existing PI’s Signature:       | Date:       |
| As the Department Chair over the existing PI, I authorize the new PI named above to take over responsibility as PI of the IACUC protocol indicated above. |
| Department Chair’s Signature:       | Date:       |

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| **REQUIRED INFORMATION FOR NEW PI** |
| PI Name:       |
| *For each species you will handle on this protocol, check your functions and supply the requested information.* |
| Species:       | Years of Experience with Species:       |
| **FUNCTIONS TO BE PERFORMED:** | **YEARS OF EXPERIENCE:** |
| [ ]  Anesthesia |       |
| [ ]  Survival Surgery |       |
| [ ]  Orbital Bleeding |       |
| [ ]  Orbital Injections |       |
| [ ]  Cervical Dislocation |       |
| [ ]  Decaptitation |       |
| [ ]  Handling awake animals |       |
| [ ]  Decentralized care |       |
| [ ]  Other: |       |
| [ ]  Other: |       |
| [ ]  Other: |       |

*Note: A protocol PI, even if not directly working with animals, must complete the necessary training on the pertinent laws and regulations. This training must be completed every 5 years.* **This requirement must be met prior to approval of the Change in PI form.**

**NEW PRINCIPAL INVESTIGATOR CERTIFICATION STATEMENT**

1. I have read the approved protocol in its entirety.
2. I certify that the approved IACUC protocol accurately describes all aspects of the proposed animal usage, and that the proposed work is not unnecessarily duplicative.
3. I understand that all use of animals must have prior IACUC approval. I understand that unauthorized animal use is reportable to the funding agency (if applicable), and the Office of Laboratory Animal Welfare (OLAW). Therefore, I will obtain approval prior to animal use and prior to implementing any significant or minor changes in the protocol.
4. I accept responsibility for ensuring that all personnel working on this protocol are aware of, and will not deviate from, the IACUC approved procedures outlined on the protocol, that they will adhere to the regulations regarding the humane treatment of laboratory animals, and that they will receive proper training as required.
5. I understand that if I (or the contact person listed on the protocol) cannot be contacted and animals on this protocol show evidence of illness or pain, emergency care (including euthanasia) may be administered at the discretion of the university veterinarian.
6. I understand that the approval of my becoming PI on this protocol is not final until I receive notification in writing from the Liberty University IACUC, and that this request may be denied by the IACUC.
7. I understand that the approval of any new protocol is for a maximum of one year from the date of the original IACUC approval, and that I must apply for a renewal in order to continue the protocol beyond that period.

Signature of New PI:

Date: