



VAN ANDEL RESEARCH INSTITUTE IACUC FORM

Animal Protocol Submission – Indication of Roles

FORM INSTRUCTIONS

1. This form is for use by the Principal Investigators when submitting an animal protocol. It is used to indicate the role for each Associate on the animal protocol, as well as the Principal Investigator. This is essential, as each Associate must be familiar with the work on the protocol for which they are responsible. A clearly delineated role makes the division of this responsibility much easier. **For example**, an Associate which is assigned the role of tumor measurement and only tumor measurement will not be responsible for being familiar with the surgical procedures in the protocol.
2. All animal protocols must have this form attached and it must be updated (by protocol amendment) as needed to reflect staff additions and departures.
3. For each Associate on the protocol, the information below must be provided. If the information is not applicable (such as no phone), please indicate “N/A”.
4. To complete the “Role” field, please indicate what role each Associate will play in the protocol. **For example**, Associate A may simply serve to create and edit the protocol submissions, but may not actually perform any of the animal work. Associate B may be measuring tumors only, and Associate C may be helping with tumor measurements, but also performing xenograft injections and dosing. Finally, Associate D may be dosing the animals, collecting blood and performing surgery, but will not be doing tumor measurements. Be sure that all Associates cited on the protocol have their roles delineated, and that if one Associate may be serving as a backup for another (for vacations, illness, etc.) that that is also indicated. In addition, be sure that all work on the protocol is included in at least one Associate’s role.
5. Please note that the “ACUT Date” field is used to cite the date that the person completed the Vivarium-required Animal Care and Use Training. This ACUT training must be renewed every three years. If the person has completed the refresher training, please cite the most recent training date.
6. **Email** the completed form to the IACUC Coordinator. The form must be received before the protocol submission will be considered complete and ready for IACUC review.

Protocol Details:

Granite User Reference Number:

Protocol Number (enter “N/A” if not yet assigned):

Protocol Title:

Dr./ Mr./Ms.	First Name	Last Name	Title	Phone	Role (see Instruction #4 above)	ACUT Date
Dr.	Jindong	Chen	Research Scientist	616-2345578	Perform xenograft	
Dr.	Bin	Teh	Distinguished Investigator	616-2345296	Supervise	
Dr.	Yan	Li	Post-doctoral Fellow	616-	Perform xenograft	
Dr.	Dan	Huang	Post-doctoral Fellow		Perform xenograft	