



## **External Team Member Form**

*The intent of this form is for investigators to request adding a non-UNTHSC team member to join your IACUC protocol.*

**Principal Investigator:**

**Protocol Number(s):**

**External Team Member Information:**

**Name:**

**Role in Project:**

**E-mail Address:**

**Purpose/Reason for adding to the protocol:**

**Types of procedures this individual would perform (check all that apply):**

- Providing anesthesia/analgesia to an animal
- Performing survival surgery
- Performing multiple survival surgeries
- Performing non-survival surgery
- Performing behavior procedures
- Restraining an animal for a procedure
- Gavage Administration of substances
- Non-surgical substance administration (i.e., IP, IM, IV, SC)
- Behavior procedures
- Administering hazardous substances
- Euthanasia
- Other (please explain):

**Describe any type of animal use experience/ trainings the requested external team member has completed (attach copy of CV/Resume).**

**Provide evidence of enrollment in occupational health and safety program, or indicate if requested external team member will enroll in UNTHSC occupational health and safety program:**

**Will external team member need access to UNTHSC vivarium?      Yes      No**

**Principal Investigator Assurance:**

- I assure that with bringing on this external team member, this request has met all UNTHSC HR and Departmental requirements.
- I assure that I will take full responsibility of this external team member.
- I assure that the external team member has the appropriate qualifications/credentials/training to be a part of this protocol.
- I assure that a UNTHSC Team Member (i.e., PI, lab member) will supervise the external team member at all times inside the vivarium and at all times around live animals.
- I assure that this external team member will *not* be able to participate in the project *until* approved on the protocol(s) listed above.

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Signature

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Date

***Once completed, please upload this form in [GRAMS](#) under "External Team Member Information", Section 2 of the "Protocol Team Members" portion of the protocol form.***