

**IBC Protocol Personnel Addition Form**

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| **Please complete the form below listing any new personnel currently working on this project.**  **Submit this registration form and supporting documents via e-mail to** [**IBC@luriechildrens.org**](mailto:IBC@luriechildrens.org)**.**  For questions contact: [IBC@luriechildrens.org](mailto:IBC@luriechildrens.org) |

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| **Date of This Report** |  |  |  | **IBC Approval No.** |  |

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| **Protocol Title** |  |

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| **Principal Investigator (PI) First Name:** |  | **Last Name:** |  |
| **Office Phone #** |  | **Office Fax #** |  |
| **Office Building:** |  | **Office Room #** |  |
| **Lab Phone #** |  | **Emergency Phone #** |  |
| **E-mail Address:** |  | | |

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| **This project continues with the following new personnel.** | | | |
| **Name:** | **Position Title:** | **Phone #** | **Email Address:** |
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| **Assurance** | |
| The information provided on this page is accurate. | **Yes** |
| I agree to accept responsibility to ensure that the new laboratory worker(s) involved in the project is adequately trained and is familiar with and understands the potential biohazards and relevant biosafety practices, protective equipment and techniques, and emergency procedures. | **Yes** |

Click here to enter a date.

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**Principal Investigator Signature Date**