



STAFF DEPARTURE / ACCESS DEACTIVATION FORM
Institutional Animal Care and Use Committee

Principal Investigator

Protocol Number(s)

Name of Staff Member

Date to Deactivate

Reason for Deactivation

Date Submitted

Requesters Name

Requesters Signature

Once complete, submit this form electronically to IACUC@LIMR.ORG

-- This section to be completed by administration --

Vivarium Supervisor Notified

Research Services Notified

MLH Security Office Notified

Office of Research Protections Notified

Administrative Personnel Processing Request

Date Processed