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**Institutional Animal Care and Use Committee (IACUC)**

# Animal Use Protocol Amendment

*An Amendment is required when a PI would like to make a change to an approved protocol.*

*Amendments to protocols require Institutional Animal Care and Use Committee (IACUC) review and approval* ***prior*** *to initiation. Proposed modifications to an approved protocol include, but are not limited to, additional procedures or modification of procedures (including frequency, duration, or number), changes in analgesics or anesthetics, species or number of animals, housing, etc. The IACUC reserves the right to determine whether proposed changes require more information, full committee review, or submission of a new protocol. When submitting an amendment, the Principal Investigator is required to review all of the details of the original protocol to ensure that all un-amended details remain identical to the original protocol.**Submit the completed amendments with signatures to* [*iacuc@findlay.edu*](mailto:iacuc@findlay.edu)*, Allow at least four weeks for the review process.*

Protocol Number:       Date of Amendment:

Principal Investigator:

Project Title:

College/Department:       Building/Room Number:

E-mail:       Phone:

Funding Source:

**I. PROPOSED MODIFICATIONS**

Check all of the categories to be amended and then complete the relevant sections of the amendment form to describe changes or additions to your original protocol. (Double click on the box to check.) Not all sections in the amendment form will be relevant for every modification. For changes in personnel, please submit the Change in Personnel Form.

Additional animals needed

New species or strain to be used

New procedure OR change in procedure

Change in pain/distress category

Change in location

Other (e.g., funding source, animal source or vendor, title, update PI address/phone/email, other, please specify):

**II. JUSTIFICATION FOR ADDITIONAL ANIMALS**

|  |  |  |  |
| --- | --- | --- | --- |
| Species | Original Number Requested | Modified Number Requested | Pain/Distress Category |
|  |  |  |  |
|  |  |  |  |

**A. Provide justification for additional animals.**  Describe why additional animals are requested and explain how their use relates to the objectives, goals, and hypotheses described in the main protocol. Note: substantial increases in the original number of animals (usually >25%) may require submission of a new protocol.

**B. Provide justification for change in pain/distress category.**  Describe the change in pain/distress category and explain how this relates to the objectives, goals, and hypotheses described in the main protocol. Note: please also fill out the section under change in procedures below if the change in numbers reflects a new or modified procedure.

**III. JUSTIFICATION FOR CHANGE IN SPECIES OR STRAIN** (Some change in species will require submission of a new protocol for review. Any changes to an IACUC protocol that present animal welfare issues not addressed in the original protocol (e.g., different housing, euthanasia, handling, or treatment) will require the submission of a new protocol to determine how the animal welfare issues will be mediated.)

|  |  |  |
| --- | --- | --- |
| Species (and strain) | Number Requested | Pain/Distress Category |
|  |  |  |
|  |  |  |
|  |  |  |

**Justify the choice of new species.** In terms that areunderstandable to a lay person, explain why this particular animal model was selected. Describe the unique characteristics each species has that are necessary for your investigations.

**IV. NEW PROCEDURE OR CHANGE IN PROCEDURE**

**A. List procedure(s) to be added or changed. Describe the justification for addition or change in each. These include but are not limited to changes in analgesic or pharmaceutical treatment, experimental agents, euthanasia, surgical procedures, non-surgical procedures breeding, handling, housing, or other methodology.**

**B. Do proposed change(s) include any new procedures that have the potential to cause animal pain or distress? If yes, describe the methods used to alleviate pain and distress and the alternatives considered to these procedures.**

**C. Do proposed change(s) affect the previously approved humane use category?**

**D. Justification for Category E procedures. Please provide scientific justification for why pain and/or significant distress is an unavoidable part of the research/procedures and why it cannot be alleviated. Attach veterinarian approval.**

**IV. JUSTIFICATION FOR CHANGE IN LOCATION**

**A. Describe the location change and how this change affects the research program.**

**V. OTHER AMENDMENT**

**A. Describe the location change and how this change affects the research program.**

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Institutional Animal Care and Use Committee (IACUC)

**Principal Investigator Certification – Protocol Amendment**

**I certify the following:**

* The information provided is complete and accurate.
* I have reviewed the approved protocol and all un-amended information is accurate and up-to-date as of submission.
* Approval from the IACUC will be obtained prior to starting any of the work proposed in this amendment.
* Veterinary staff will be consulted before initiating changes that include USDA pain category D or E procedures, as required by the Animal Welfare Act and Regulations.
* All listed personnel will read the protocol and amendments approved by the IACUC and have received or will receive appropriate training in amended procedures before undertaking any procedures with research animals.
* This amendment complies with all applicable laws, policies and regulations, including the Animal Welfare Act, the NIH Guide for the Care and Use of Laboratory Animals, and all UF policies and procedures regulating the humane use of vertebrate animals or animal products in instruction and research.
* This amendment meets all animal care and use requirements of the funding sources supporting this project and accurately reflect those described in the application/award.
* Any problems, adverse reaction, or unforeseen conditions encountered will be immediately reported to the IACUC for review.

Signature of PI Date

For IACUC Use.

\_\_\_\_\_\_ The changes proposed are not significant and do not require further IACUC review. The changes may be implemented and this form is included in the record for this protocol.

\_\_\_\_\_\_ The changes proposed have received a Veterinary Verification and Confirmation review, and do not require further IACUC review. The changes may be implemented and this form is included in the record for this protocol.

\_\_\_\_\_\_ The changes proposed have received IACUC review, per guidelines for review procedures for significant changes.

Approved by: Date:

Approved by: Date: