

**Institutional Animal Care & Use Committee**

**Amendment Request Form**

Submission Date:

Protocol # Protocol Title

Principal Investigator

Building/Room # Department

Faculty Advisor (If applicable) Sponsor (if applicable)

**What type(s) of changes in the protocol are being proposed?** *(Check all that apply)*

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| --- | --- | --- | --- |
| **☐** | Change in animal species / strain | **☐** | Change in method of euthanasia |
| **☐** | Change in animal numbers | **☐** | Change in pain or distress category |
| **☐** | Add/repeat experiments | **☐** | Change in location of animal usage |
| **☐** | Add an exogenous agent | **☐** | Change in funding source |
| **☐** | Change in animal procedure *(add/modify/remove)* | **☐** | Change in project title |
| **☐** | Change in hazardous agent use | **☐** | Other (describe): Click or tap here to enter text. |
| **☐** | Change in anesthesia or analgesia |  |  |

1. **Clearly state (list) and describe all proposed changes in detail.**

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1. **Are additional animals being requested as part of this amendment?**   ☐ YES ☐ NO

*If yes, please specify the species / strain, the total number being requested and discuss how this was determined to be the minimal number required to obtain statistically significant results*

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1. **Justify the need for these proposed changes. Briefly describe how the proposed changes relate to the original goals of the approved protocol.**

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**I certify the following:**

* The information provided is complete and accurate.
* I have reviewed the original 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 UWF 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 reflects 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

The Principal Investigator should email the completed Amendment Request Form along with any supporting documentation to nmead@uwf.edu.

*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:

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