This form may ONLY be used to request minor modifications to IACUC approved protocols under the specified categories

**PROTOCOL #:** Click or tap here to enter text. **DATE SUBMITTED:** Click or tap to enter a date.  
   
**AMENDMENT #:** Click or tap here to enter text.

***ORP WILL FILL IN AMENDMENT #***

1. **ADMINISTRATIVE DATA**

**Title of Project:** Click or tap here to enter text.

**Principal Investigator:** Click or tap here to enter text. **Extension:** Click or tap here to enter text.

**Emergency Number:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Descriptive Title of Amendment (optional):** Click or tap here to enter text.

1. **MODIFICATION CATEGORY AND DESCRIPTION**

**Check all that apply. \*Note, the proposed amendment must fit one of the categories to be eligible for designated member review. Otherwise, follow the instructions to submit for Full Committee Review.**

|  |  |
| --- | --- |
| Introduction of a new strain or increase in the number of animals in any animal model for a rodent species that does not require change in the care and use of animals or an increase exceeding 10% of the originally allocated number of a given rodent species based on the species total(s) approved in the most recent approved protocol. | Change in choice of anesthetics, dosage and/or administration of anesthetics, analgesics, tranquilizers, or change in the method of euthanasia to an already approved agent in a protocol (requires approval by the veterinary consultant). |
| Change in experimental compound, dose or method of delivery or experimental compound. | Grant applications that do not require the submission of a new protocol or amendment requiring full committee review. |
| Change in vendor to another approved vendor. | Importation/Exportation of animals. |
| Addition of new compound(s) in same class (except those that require a Form B). | Addition of a new cell line. |
| Other minor changes to an approved protocol, including study personnel changes, as determined eligible for DMR by the IACUC Chair and Veterinary Consultant. Describe: Click or tap here to enter text. | |

**Provide a detailed description of all proposed changes.**Click or tap here to enter text.

**Provide a justification for the proposed changes. Describe how the proposed changes relate to the original goals of the approved protocol.**Click or tap here to enter text.

**ADDITIONAL DETAILS FOR MINOR AMENDMENTS**

**Provide a response to the additional questions below if applicable. If not applicable to your proposed amendment, select N/A under each item.**

1. **PERSONNEL CHANGES**

N/A

**List name and role of all personnel involved in this protocol. As part of the role, include procedures to be performed by each person and their level of experience through previous training/experience. If not previous experience, indicate who will provide training for procedure.**

|  |  |
| --- | --- |
| **Name** | **Role** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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1. **ANESTHESIA, ANALGESIA, TRANQUILIZATION, OTHER AGENTS** N/A

**List the anesthetic, analgesic, tranquilizer, or other agent being added in the table below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event/Procedure** | **Number of Animals** | **Name & Type of Agent** | **Dose (mg/kg)** | **Volume** | **Route** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Are all preparations of agents, drugs, anesthetics are prepared in a sterile\* manner?  
 Yes   
 No – explain and provide justification:** Click or tap here to enter text.

1. **HAZARDOUS AGENTS, BIOLOGICAL MATERIAL/ANIMAL PRODUCTS FOR USE IN ANIMALS**

N/A

**ONLY TRANSGENIC ANIMALS THAT FALL UNDER EXEMPT BELOW MAY QUALIFY AS MINOR AMENDMENT:**

**Exempt –** Transgenic animals which can be housed at BL-1 and are purchased from commercial vendors; transferred from other institutions; transferred from other LIMR protocols; or bred to transfer transgenic alleles to the genomes of other strains.

1. **FUNDING**

N/A

**Has the funding source for the protocol changed?   
 No  
 Yes (Grant Info Form required)  
 Funding Agency:** Click or tap here to enter text. **Grant Title:** Click or tap here to enter text.

1. **ANIMAL REQUIREMENTS**

N/A

**List the species and number of animals for this three year period. List individual animal strains for each species in Appendix 1.**

|  |  |
| --- | --- |
| **Species** | **Total Number of Animals Required for Three Year Period** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Indicate how the number of animals requested was determined to be the minimal number required to obtain statistical significance.**Click or tap here to enter text.

1. **PAIN OR DISTRESS CLASSIFICATION AND CONSIDERATION OF ALTERNATIVES**

N/A

**Pain Classification—enter the total number of animals in each category for the proposed experiments.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **USDA Category C** | **USDA Category D** | **USDA Category E** |
|  | **NO PAIN** | **PAIN WITH RELIEF  (PAIN AND DRUGS)** | **PAIN WITHOUT RELIEF (PAIN – NO DRUGS)** |
|  | Animal subjected to no pain or distress (or momentary or slight) which do not require use of pain relieving drugs | Animals subjected to pain or distress with appropriate anesthetic, analgesic, and/or tranquilizer use or euthanasia | Animals subjected to pain or distress where appropriate anesthetic, analgesic, or tranquilizer will not be used |
| **Number of Animals** | Click or tap here to enter text. | Click or tap here to enter text. | **NOT ELIGIBLE FOR MINOR AMENDMENT REVIEW** |

**Is there a change to the pain category from your original protocol?**

**No  
 Yes – describe the scientific literature reviewed to determine there are no valid or acceptable alternatives for events and procedures involving animals in categories D and E in the pain classification above.**Click or tap here to enter text. **If pain category E is involved, scientifically justify why pain-relieving measures cannot be used.**Click or tap here to enter text.

1. **PRINCIPAL INVESTIGATOR CERTIFICATION**

**As Principal Investigator, I certify that:**

* **This amendment does not unnecessarily duplicate previous experiments performed here or elsewhere.**
* **Appropriate pain-relieving drugs will be used throughout the entire study to relieve pain and distress whenever it occurs, including post-operative and post-procedural care as indicated in the protocol.**
* **I am responsible for ensuring that laboratory personnel adhere to procedures described within approved protocols; they are familiar with animal care and use responsibilities, regulations, and policies; and they are adequately trained.**
* **I will conduct my research in accordance with the LIMR Animal care Policies and Procedures Manual, Public Health Service Policy on Humane Care and Use of Laboratory Animals, the Guide for the Care and Use of Laboratory Animals, and the Animal Welfare Act.**
* **I will notify the Research Annex Supervisor of all special handling, housing, dietary and safety requirements.**
* **I am responsible for reporting unexpected outcomes, complications, adverse events, including an unexpected phenotype that may affect animal well-being, morbidity or animal mortality.**

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Principal Investigator Signature Date**

**IACUC Chair Signature Date**