

**National Laboratory Animal Center**

**Institutional Animal Care and Use Committee**

Protocol No./ rev………………

**Request for Modification**

**SECTION 1. ADMINISTRATION**

* 1. **Principal investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  2. **Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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* 1. **IACUC Approval No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  2. **Any previously approved amendments? □ YES □ NO**

If YES, please briefly outline and provide a justification for the requested changes.

**1.6 Time Extension □ YES □ NO**

If YES, state time, new finishing date, and provide a justification for the requested changes.

**1.7 Adding New Staff Member / Research Assistant □ YES □ NO**

If YES, provide the following (If more than one, please copy this page.)

|  |  |
| --- | --- |
| **Name** |  |
| **Faculty/Department/Center/Institution** |  |
| **Position** |  |
| **Qualifications** |  |
| **Role in the project** |  |
| **Experience with techniques and species this person will be using in this project**  **Examples:**  Euthanasia  Surgical-nominate which procedure, anaesthesia  Non-surgical-bleeds, injection, gavage etc  Animal monitoring- experiment, post surgical, daily etc |  |
| **Training required?**  If YES, details are required including who is to give the training | **□ YES □ NO** |
| **Signature of new staff member** | **Print Name:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**1.8 Removing Staff Member / Research Assistant □ YES □ NO**

If YES, provide the following (If more than one, please copy this page.)

|  |  |
| --- | --- |
| **Name** |  |
| **Faculty/Department/Center/Institution** |  |
| **Position** |  |
| **Role in the project** |  |
| **Date of Departure** |  |

**SECTION 2. ANIMAL DETAILS**

**2.1. How many animals have been used to date against the number originally approved?**

|  |  |  |
| --- | --- | --- |
| **Species/Strain** | **Current Number Approved** | **Number Used to Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**2.2. Will extra animals be used as a result of the amendment?**

**□ NO**

**□ YES ,** If YES, complete the table below, provide a justification for the number of extra animals being requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Species/Strain** | **Current Number Approved** | **Number Used to Date** | **Justification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2.3 Location of Animals and Housing:**

**2.3.1 Will animals be housed as outlined in the original project?**

**□ YES**

**□ NO ,** If NO, provide details of new housing arrangements.

|  |
| --- |
|  |

**2.4 Experimentation technique (e.g. Specimens collection/ technique, Surgical technique, or other relates)**

**2.5 Others (Please specify.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Signature of Principal Investigator:**