

IACUC Proposal Amendment Form

1. General Information

IACUC Protocol Number		Pain Category		Amendment Number	
Title					
Principal Investigator			Date of Protocol Approval		

2. IACUC Review Status

Significant Changes:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Change in the Principal Investigator |
| <input type="checkbox"/> | <input type="checkbox"/> | Addition of personnel for Pain Category 3 Studies
(provide documentation that new personnel have read the protocol with signature in appendix) |
| <input type="checkbox"/> | <input type="checkbox"/> | Change in the objective of the study |
| <input type="checkbox"/> | <input type="checkbox"/> | Increase in the potential for pain or distress |
| <input type="checkbox"/> | <input type="checkbox"/> | Change of species |
| <input type="checkbox"/> | <input type="checkbox"/> | Change of strain (from immunocompetent to immunocompromised) |
| <input type="checkbox"/> | <input type="checkbox"/> | Anesthesia/analgesia or drug changes |
| <input type="checkbox"/> | <input type="checkbox"/> | Addition of invasive or non-invasive procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | Switching from non-survival to survival surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | Change requiring an animal to undergo more than one survival surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-, Intra- or Post-operative care that has potential to increase pain and/or distress |
| <input type="checkbox"/> | <input type="checkbox"/> | Increase in animal numbers by $\geq 10\%$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Extension of study duration with or without increased potential for pain/distress |
| <input type="checkbox"/> | <input type="checkbox"/> | Increase in sampling frequencies, sampling volumes, restraint times, or other activities exceeding SOP or IACUC approved limits |
| <input type="checkbox"/> | <input type="checkbox"/> | Change in method of euthanasia |
| <input type="checkbox"/> | <input type="checkbox"/> | Increase in biohazard status |
| <input type="checkbox"/> | <input type="checkbox"/> | Amendments to global protocols |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please explain) |

[Click here to enter text.](#)

Minor Changes:

Yes No

- Change/addition of another strain of the same animal species
- Increase in animal numbers by < 10%
- Change in age or sex of the animals
- Change in personnel not including the PI
- Other (please explain)

[Click here to enter text.](#)

3. Change to Proposal

Item 1

Section Number and Title:

Original Section information from last approved IACUC protocol/ protocol amendment:

[Click here to enter text.](#)

Requested change (use strikethrough or bold font to denote changes):

[Click here to enter text.](#)

Justification:

[Click here to enter text.](#)

Keep adding sections as needed

Item 2

Section Number and Title:

Original Section information from last approved IACUC protocol/ protocol amendment:

[Click here to enter text.](#)

Requested change (use strikethrough or bold font to denote changes):

[Click here to enter text.](#)

Justification:

[Click here to enter text.](#)

4. Updated Search for Alternatives

Not Applicable

Signature of Principal Investigator

Date

Signature of Veterinary Reviewer

Date

Signature of IACUC Reviewer

Date