IACUC Proposal Amendment Form

1. General Information

<table>
<thead>
<tr>
<th>IACUC Protocol Number</th>
<th>Pain Category</th>
<th>Amendment Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
<td>Date of Protocol Approval</td>
</tr>
</tbody>
</table>

2. IACUC Review Status

Significant Changes:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ❑   | ❑  | Change in the Principal Investigator
| ❑   | ❑  | Addition of personnel for Pain Category 3 Studies
   | ❑   | ❑  | (provide documentation that new personnel have read the protocol with signature in appendix)
| ❑   | ❑  | Change in the objective of the study
| ❑   | ❑  | Increase in the potential for pain or distress
| ❑   | ❑  | Change of species
| ❑   | ❑  | Change of strain (from immunocompetent to immunocompromised)
| ❑   | ❑  | Anesthesia/analgesia or drug changes
| ❑   | ❑  | Addition of invasive or non-invasive procedures
| ❑   | ❑  | Switching from non-survival to survival surgery
| ❑   | ❑  | Change requiring an animal to undergo more than one survival surgery
| ❑   | ❑  | Pre-, Intra- or Post-operative care that has potential to increase pain and/or distress
| ❑   | ❑  | Increase in animal numbers by $\geq 10\%$
| ❑   | ❑  | Extension of study duration with or without increased potential for pain/distress
| ❑   | ❑  | Increase in sampling frequencies, sampling volumes, restraint times, or other activities exceeding SOP or IACUC approved limits
| ❑   | ❑  | Change in method of euthanasia
| ❑   | ❑  | Increase in biohazard status
| ❑   | ❑  | Amendments to global protocols
| ❑   | ❑  | 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