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| --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | |
| **Protocol No.:** |  | | | **Current Protocol Amendment No.:** | |  |
| **Protocol Title:** |  | | | | | |
| **Principal Investigator (PI)** | | Name: | Email: | | Phone: | |

Check the appropriate box(es) below and indicate requested information. **ALL** add/remove/change **information** must be **recorded** in detail (via Track Changes – highlighted or different font color) **IN PROTOCOL -** Sections (S) indicated below (due to nature of a request other sections not indicated may be required as the section numbers are indicated as a guide.).

|  |  |  |
| --- | --- | --- |
| **Add** | Remove | **Request** |
|  |  | Add or Remove **Personnel** S = I (i.e. Student, Faculty collaborator, visiting scientist etc.) |
|  |  | Add or Remove **Animals** S = III, XI **indicate # > (+**6**) or # < (-**21**) Request:** |
|  |  | Add or Remove procedure that is less invasive than current protocol approval. S = III, VII, VIII **Brief description:** |
|  |  | Add or Remove **Sample Collection Times** S = III, VIII |
|  |  | Add or Change **Procedure Location** S = III, VIII, XI |
|  |  | Add or Change **Animal Standard Care** (i.e., caging, husbandry procedure, housing conditions, housing location, enrichment etc.) S = III, V, VI, VII, VIII |
|  |  | Add or Remove **Strain** or **Age** or **Sex** of Animal Species S = III, IV, VII - **Brief description:** |
|  |  | Add or Remove **Diet** S = III, V, VI, VIII- **Provide Diet Name:** |
|  |  | **Multiple survival surgeries** (S = III, V, VII, IX, X, XII, XIII, XIV ) - **Brief Description:** |
|  |  | Add **New Procedure Type** S = III, X, XIV - **Brief description:** |
|  |  | Change in **Study Objectives** S = III, VII, VIII - **Brief Description:** |
|  |  | Add or Change **Animal Species** S = III, IV, X, XII, XIII - **Brief description:** |
|  |  | Change in **Housing or Use of Animals to a location** that is not part of the animal program overseen by the IACUC S = III, VI, VII, X, XI, XIII, XIV - **Brief Description:** |
|  |  | **Euthanasia** to any method approved in AVMA Guidelines, change to duration, frequency, type, or number of approved procedures performed on an animal S = III, IV, X, XII – **Indicate Euthanasia Method:** |
|  |  | **Infectious** or other **Hazardous** **Agents** and/or Change that impacts safety of personnel S = II, III, VII, VIII, XII, XIII – **Indicate Agent Name:** |
|  |  | **Greater Pain**, Distress, and degree of invasiveness, S = III, X, XII - **Indicate Pain Category**: |
|  |  | Change to the **Principal Investigator** (PI) S = III & new I-PF submission – **Indicate New PI Name:** |
|  |  | Anesthesia, analgesia, sedation, or experimental substances S = III, VII, VIII, X, XII, XIV - **Indicate Agent Name:** |
|  |  | Other - **provide brief description**: |

**Instructions: –** Submit the following forms (when they apply) to [**IACUC@uml.edu**](mailto:IACUC@uml.edu)

\*Complete Amendment Protocol Request (I-APR) form

\*Current Protocol (used Track Changes – highlighted or different font color to indicate protocol update(s))

\*Personnel Training Checklist F-IPTC Form for **new personnel** named on protocol.

Updated \*Personnel Training Checklist F-IPTC Form for **existing personnel** when their role includes additional protocol activities (e.g. Blood collection via tail vein of rat)

Other - **brief description**:

\*Most current Form version available at <https://www.uml.edu/Research/Integrity/Animal-Use/forms.aspx>

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| --- |
| **PRINCIPAL INVESTIGATOR ASSURANCE AND SIGNATURE PAGE**  I certify that all animal species, numbers, and procedures proposed on this form have been completely described in the Updated Protocol (updated using Track Changes or Colored Font).  I the understand and accept responsibility for assuring that all personnel involved in this study have met the training requirements and will not deviate from approved experiment activities outlined in the Updated Protocol (updated using Track Changes or Colored Font).  These activities do not unnecessarily duplicate previous experiments.  I understand this requested research may not begin until I have received notice of approval from the IACUC.  Signature of Principle Investigator:  Right click on the “x” and from dropdown menu select “Sign…” |

|  |  |  |
| --- | --- | --- |
| **IACUC Approval** (*For IACUC Use Only*) | | |
| Approved by | Approval Date | Comments |
| IACUC Chair  Attending Veterinarian  FCR (Full Committee Review)  Other: |  |  |