**Institutional Animal Care and Use Committee**

**Amendment Request for Administrative Changes (Form 1)**

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| **Principal Investigator**  | Name:       Telephone Number: (     )      -      Email:       @tcu.edu |
| **Department** |       |
| **Protocol Number** |       | Initial Approval Date |       |
| **Protocol Title** |       |
| **Funding Source** |       |
| **Today’s Date** |       |

1. **This amendment is written to request an administrative change in/addition of** (check all that apply):

 **NOTE: for any other changes, use Form 2 (Significant Changes)**

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| [ ] Personnel. If only changing personnel, skip to question 3. | [ ] Funding Source:  | [ ] Housing Location(s) |

**2. Provide details to changes in funding source and/or housing location below:**

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*\*If the IACUC determines that the scope of this amendment is sufficiently different from the goals of the currently approved protocol, the IACUC will ask the PI to withdraw the amendment and submit a new protocol.*

**3. Addition or removal of study personnel:** [ ]  N/A

* a. If you are removing personnel from the protocol, please list the name of the individual(s) you are removing and indicate who will be conducting the animal work originally assigned to this individual.

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* b. If you are adding personnel from the protocol, please fill out the appropriate Personnel Information table below.

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| **Student Information** |
| * Name
 | Title/Role  | Training/Qualifications | Effective Date |
|       |       |       |       |
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| **Collaborators/Co-Principal Investigators Information** |
| Name |       |  [ ]  PI | Degree |       [ ]  PhD [ ]  MD  |
|  [ ]  TCU Faculty |  [ ]  TCU Staff/Employee | Title |        |
| [ ]  Post Doc |
|  [ ]  Non-TCU personnel. Provide name of institution       |
| **Qualifications/Relevant Experience** |
| Describe relevant qualifications and experience including number of years’ experience working with each species.       |
| [ ] Individual has limited or no experience working with animals and will complete all required training prior to working with animals including: Vivarium Training, all relevant CITI modules, Occupational Health and Safety requirements, and any other necessary in-person training. |
| **Procedures to be performed** |
| [ ]  Breeding | [ ]  Euthanasia | [ ]  Surgery | [ ]  Restraint | [ ]  Injections |        |
| [ ]  Drug/agents administration | [ ]  Hazardous Agents | [ ]  Specimen Collection |
| [ ]  Other | If Other, list:  |
| **Check each species this person will be working with on this protocol** |
| [ ]  Mice | [ ]  Rats | [ ]  Reptiles | [ ]  Fish | [ ]  Birds | [ ]  Other, list all in the box below: |
| [ ]  Bats |       |

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|       🡸**Copy the entire table above and paste here.**   |

**Institutional Animal Care and Use Committee**

**Principal Investigator Certification**

**I certify the following:**

* [ ]  The information provided in this IACUC protocol is complete and accurate.
* [ ]  This project will be conducted in accordance with the policies and procedures of TCU regarding the care and use of laboratory animals, the USDA Animal Welfare Act and Regulations, the *Guide for the Care and Use of Laboratory Animals, 8th edition*, and any applicable federal and state laws and regulations.
* [ ]  Due consideration has been given to alternatives to animal models and alternatives to procedures that may cause more than momentary or slight pain or distress to the animals.
* [ ]  The proposed experiments do not represent an unnecessary duplication of previous work.
* [ ]  Veterinary staff will be consulted before initiating experiments that include USDA pain category D or E procedures, as required by the Animal Welfare Act and Regulations.
* [ ]  All personnel who work with animals under this protocol have received or will receive appropriate training in protocol procedures and animal handling methods prior to working with animals.  I will ensure that individuals not listed in this protocol do not participate in any procedures involving animals.
* [ ]  All listed personnel will read this protocol after it has been approved by the IACUC and before undertaking any procedures on laboratory animals.
* [ ]  This protocol meets all animal care and use requirements of the funding agency (or agencies) supporting this project and the procedures listed accurately reflect those described in the funding application/awards.[[1]](#footnote-1)
* [ ]  Approval from the IACUC will be obtained prior to starting any of the work proposed in this amendment.

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Signature of Principal Investigator Date

1. DHHS policy requires certification that the IACUC protocol is appropriately consistent with the supporting federal grant application(s). [↑](#footnote-ref-1)