**Institutional Animal Care and Use Committee**

**Amendment Request Form 2 (Significant Changes)**

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| **For IACUC Office Use Only** |
| **Amendment Number:** |  | **Approval Date:** |  |
| **Veterinarian Consultation:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Veterinarian Date |

|  |  |
| --- | --- |
| **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 a change in/addition of:**

 Check all that apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Animal numbers | [ ] Species | [ ] Strain | [ ] Objectives/aims | [ ] Procedure Location(s) |
| [ ] Adding New Procedure | [ ] Modifying Existing Procedure | Pain Category [ ] B [ ] C [ ] D [ ] E |
| [ ]  Surgery: [ ] Major or [ ] Minor [ ] Survival or [ ] Non-survival  | [ ] Non-surgical procedure |
| [ ] Drugs/Agents | [ ] Hazardous Agents | [ ] Breeding  | [ ] Specimen Collection |
| [ ] Exception/Departure  | [ ] Restraint |  [ ] Housing/Husbandry | [ ] Multiple Survival Surgeries |
| [ ]  Euthanasia/Endpoints | [ ] If Other, please specify: |       |

\* When adding a significant change to your protocol, please consult TCU’s veterinary staff.

**2. Describe in lay terms proposed changes to the protocol for each check box that was checked in**

 **question 1 including:** a. How these changes align with the goals of the research program covered by the currently approved protocol; and b. Why these changes are necessary for the research program

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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. Does this amendment include any new or modified procedure that is likely to cause more than slight**

 **or momentary pain or distress [i.e., category D or E procedure(s)]?** [ ]  Yes [ ]  No

* If yes, a literature review is required to determine if there are other available methods that could reduce or eliminate pain or distress experienced by the animals.

**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)