# MARSHALL UNIVERSITY

## Institutional Animal Care and Use Committee (IACUC)
## Amendment Request Form

### Section I – Protocol Information

Principal Investigator: _____  Protocol Number: _____
Title of Project: _____

### Section II – Requested Changes (choose all that pertain)

___ 1. Additional Animals               ___ 4. Change in End-Point           ___7. Personnel
                                                Criteria

___ 2. Experimental Procedure       ___ 5. Pain or Distress                  ___ 8. Other

___ 3. Change in anesthetics,         ___6. Principal Investigator/Co-Investigator
       Analgesics

### Section III – Requested change Summary (Complete the item for each requested change above)

1. Additional Animals
        Number of Additional Animals: _____        Species: _____
Provide (a) the reason for requesting additional animals, and (b) description of how this number was
derived (i.e. statistical basis, current standards in literature, specialized experimental requirements).

a)


b)


2. Experimental Procedures
        Provide (a) description of changes (i.e. surgical procedures, # of blood draws, etc.) and (b) how
they relate to work originally approved.

a)


b)


3.  Change in Anesthetics, Analgesics
        Provide agent name, dose, method of administration, volume of administration and time of use
(i.e. pre-op, op, post-op) and provide rationale for change.

4.  Change in End-Point Criteria
    Provide revised End-Point Criteria appropriate for the amendment requested if the criteria given in the original protocol are insufficient.

5.  Pain and Distress
    Provide methods for recognizing and alleviating any additional pain and distress not described in the original protocol. Also provide search for alternatives to this painful or distressful procedure.

6.  Complete **only** if there is a change from the original approval
    Principal Investigator \_\_\_        Co-Investigator \_\_\_        (Check all that apply)

Last Name:                                          First Name:
Department:
Campus Phone:                                    Emergency Phone:
E-mail:

7.  Personnel
    Use this section to list support personnel that have been added or removed from your lab or protocol.

8.  Other

## Section IV – Assurance

The above information is accurate, and the assurances given in my original application are still valid. Any changes involving the use and care of animals for research and/or teaching may not be made without prior IACUC approval.

_____        _____

**Signature of Principal Investigator**                                          Date