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, Analgesics  ___ 6. Principal Investigator/Co-Investigator

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