**The University of North Carolina at Pembroke**

**Institutional Animal Care and Use Committee**

**Significant change to protocol Form**

Use this form to request major amendments to your currently approved animal use protocol, PRIOR to implementation of the proposed changes. Complete and sign this form for submission to the Chair of the IACUC.

**Protocol Summary**

Protocol Number:

Protocol Title:

Principal Investigator(s):

Contact Phone and Email:

**Protocol Amendment Request(s)**

Indicate below the changes you are requesting to make to the above-listed protocol, and provide all required information for each applicable change.

Species Yes / No

Strain Yes / No

Increase Number of Animals Used Yes / No

Animal Use Procedures Yes / No

Potentially Hazardous Substances (e.g., chemicals, drugs, infectious agents) Yes / No

Other Yes / No

1. SPECIES: Please describe what species you would like to add and provide scientific justification as to why this species is required*.*

2. STRAIN: Describe the phenotype and list any conditions that are not normal in healthy animals. Describe the course of action that will be taken to relieve pain / distress. How will the animals be monitored and by whom?

3. INCREASE in the number of animals from the total number approved in the original submission (also complete table below, only indicating the numbers needed beyond those originally approved). Justify why you need to use more animals that originally approved, and describe how they will be used.

|  |  |  |  |
| --- | --- | --- | --- |
| Species | Number Procured | Number Transferred (include protocol #s) | Number Produced |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

4. ANIMAL USE PROCEDURES: Describe the proposed procedures or change in procedures to be performed in addition to those already approved on this protocol, including the personnel who have the relevant qualifications to perform the specific procedures. Describe how this related to the original goal of the protocol. *Attach a literature search justifying any new procedures that have the potential to cause pain and / or distress.*

5. HAZARDOUS SUBSTANCES: Describe and justify any proposed changes in the use, or in the addition of any potentially hazardous substances.

6. OTHER: Describe and justify any other changes you would like to make to this protocol. For example, use this space if the Principal Investigator of the protocol will change.

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PI Signature

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Date

IACUC Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: