[](http://www.lsuhsc.edu/)

Institutional Animal Care and Use Committee

**IACUC AMENDMENT FORM** Revised 1/10/2019

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| **INSTRUCTIONS:** ALWAYS download the latest version, and then save this form before completing it. DO NOT type into the gray shaded areas. Add lines to tables as needed. To check a box, point the cursor to the box and left click.  Submit amendment by emailing the completed form in WORD format along with any supporting documents to: [**IACUCoffice@lsuhsc.edu**](mailto:IACUCoffice@lsuhsc.edu)**.**  *Personnel submitting on behalf of the PI must cc the PI on the email for IACUC acceptance of the application.*  Paper submission will not be accepted. |

**Electronic Submission Date:**

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| --- | --- | --- | --- |
| **PI first & last name** |  | **Email** |  |

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| **IACUC #** |  | **Title** |  |

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| **COMPLETE PARTS A and/or B AS APPLICABLE** |

**PART A: MINOR CHANGES *[Eligible for approval by IACUC Chair or designee upon submission]***

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| **1.** | **CHANGE OF TITLE** | | |
|  | **New title** |  | |
|  | **Reason for new title** |  | |
|  | **Are there changes to experimental techniques or design?** | | No  Yes [Complete appropriate items in Part B.] |

| **3.** | **CHANGE IN FUNDING SOURCE** | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Name of new funding source** *(Submit the animal vertebrate section with this amendment request, if applicable.)* | |  | | |
|  | **Grant #, if applicable** |  | | **Award dates or pending?** |  |
|  | **If award to another PI, provide name** |  | | **Type of award** | Subcontract  Fellowship |
|  | **Are there changes to goals of this project?** | | | No  Yes [Complete all appropriate items in Part B.] | |
|  | **Does the grant or fellowship cover animal expenses for new goals and experiments?** | | | No  Yes [Stop, you must submit an IACUC Research Application for the new project.] | |

| **4.** | **CHANGE IN ANIMAL LOCATION *[area(s) outside of DOAC facility where live animals will be taken]*** | | |
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|  | **Remove Bldg/Room #** | **Add Bldg/Room #** | **Indicate how live animals will be used in the room.** |
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|  | **Describe any change in the method and containment to be utilized for transport, include the route and use of any elevators.** | |  |

**PART B: SIGNIFICANT CHANGES *[Eligible for approval by IACUC Chair or designee after IACUC committee review, usually within 4 to 6 days after submission.]***

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| **1A** | **MODIFICATIONS TO PROCEDURES OR EXPERIMENTS (*List each procedure or experiment to repeat, modify or add as new).*** | | | |
|  | **Procedure or experiment** | **Type of change** *(repeat, modify, new)* | **Provide justification for proposed change** | **Change in animal numbers?** *(complete below table)* |
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| **1B** | Provide a general explanation and justification for how these procedures are applicable and necessary to the study as a whole. Describe how they will be incorporated into this protocol. If drugs will be used, also justify and explain how they relate to the study as a whole. |

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| **1C** | Provide additional details on each procedure and include a timeline to reflect how and where they will be included in the project. For surgical procedures, include Addendum 1 Surgical Procedure Form. |

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| **2.** | **MODIFICATIONS TO ANIMAL TYPE OR NUMBER (*Changing strains or requesting additional animals*)** | | | | | | | | |
|  | **Species/Strains** | **Check if any are genetically modified** | **M=male F=female M/F=both** | | **age range** | **# animals Category C** | **# animals Category D** | **# animals Category E\*** | **Total # Animals**  **(C+D+E)** |
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|  | **Provide justification for the additional animals.** | | |  | | | | | |
|  | **\*If adding new procedure or experiment under Category E** *(no pain/distress relief provided)***, provide justification.** | | |  | | | | | |

| **3.** | **MODIFICATIONS TO DRUG OR RESEARCH MATERIAL USED (*List any the use of any new drugs or changes in the type or administration of drugs or research materials to be used in live animals*)** | | | | | | | |
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|  | **Species** | **Drug/Agent** | **Dose**  *(0.00 mg/kg)* | **Route**  *(SQ, IV, IP, IM, inhalation)* | **Frequency and duration of administration**  *(e.g., every 4 hrs. for 2 days, once)* | **When given?**  *(Pre, during or post op; prior to euthanasia, treatment)* | **Pharma grade?** | |
| **Yes** | **N/A** |
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|  | **Provide justification for the change in drugs(s).** | | | |  | | | |
|  | **If using anesthesia, provide at least two methods of monitoring the appropriate depth of anesthesia.** | | | |  | | | |
|  | **Provide justification if not using pharmaceutic grade drugs or if using a paralytic.** | | | |  | | | |

| **4.** | **When requesting to add new procedures/experiments that could cause pain or distress, provide an updated web based search for (1) suitable alternatives that could avoid or minimize pain or distress in the animals and (2) that this request does not unnecessarily duplicate prior research.** | | | | |
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|  | **Search engine**  [e.g. *PubMed, CRISP, BIOSIS Google is not acceptable]* | **Key word/criteria for search for duplication** *(required for all projects)* | **Key word/criteria for search for alternatives:** *(required for Category D or E experiments or procedures)* | **Inclusive years of search**  *(mm/yyyy to mm/yyyy)* | **Date search conducted**  *(mm/dd/yyyy)* |
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| **5.** | **If this project is funded by a federal agency, does this amendment constitutes a reportable change in scope?** *[NIH defines reportable as any “change in the direction, type of research or training, or other areas that constitute a significant change from the aims, objectives, or purposes of the approved project”. NIH must be notified prior to initiating the change. An example of change of scope includes substitution of one animal model for another.]* | | |
|  | No | Yes, enter date the agency was notified or will be notified *(next annual date).* |  |

***By submission of this amendment, the above listed principal investigator acknowledges that protocols must be renewed annually to remain active. All amendments approved within the three-year protocol approval period are bound to the approval date of the protocol, which they amend. After three years, all modifications approved via amendment(s) that are anticipated to remain as a component of the study must be incorporated into the renewal application.***

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| **LSUHSC-NO IACUC USE ONLY \* DO NOT SUBMIT TO GRANTING AGENCY** | |
| **In the judgment of the IACUC, the procedures delineated in this amendment conform to the pertinent federal rules and regulations regarding use and care of animals.** Annual re-approval will be bounded to the approval date of the application which this document amends. | |
| **Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Approval:**  \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Charles Nichols, PhD, IACUC Chair OR  Paul Fidel, Jr., PhD, IACUC Vice-Chair |