**Animal Use Protocol Amendment**

University of North Texas Health Science Center at Fort Worth

Animal Care and Use Committee

(please type)

**PROJECT NUMBER:**       **ORIGINAL APPROVAL DATE:**

**DEPARTMENT:**       **ANIMAL LAB AREAS:**

**INVESTIGATOR:**       **PHONE: Office**       **Emergency**

**CO-INVESTIGATOR:**       **PHONE: Office**       **Emergency**

**PROJECT TITLE:**

**APPLICATION DATE**:        **FUNDING AGENCY:**

All amendments require justification in Question 15. Significant amendments to animal numbers or procedures may require an updated flow chart. **Please submit an electronic copy and a signed hard copy to the IACUC Administrator.**

Nature of request:

**1. New title** [ ]  **and/or funding agency** [ ] **?** No[ ] . If yes, provide title and/or name of agency:

**2. Additional title** [ ]  **and/or funding agency** [ ] **?** No[ ] . If yes, provide title and/or name of agency:

**3. New** [ ]  **or Additional** [ ]  **lab location?** No[ ]

If yes, list building and room number? :

**4. Inactivate project?** Yes[ ]  No[ ]  (no description or justification needed)

**5. Increase in max housed?** Yes[ ]  No[ ]  If yes, what is the new maximum? :

**6. Additional animals?\*** Yes[ ]  No[ ]  If yes:

 **Additional species?** Yes[ ]  No[ ]  If yes, list new species:

 **Additional strains?** Yes[ ]  No[ ]  If yes, list new strains:

 **Species requested:**

 Year 1 Year 2 Year 3 USDA Category (B-E)

**(i)** **Currently approved:**

**(ii)** **Additional animals proposed:**

**(iii)** **New project totals:**

**(iv) Three year total:**

**7. Change/addition of USDA Category?**  Yes[ ]  No[ ]

If yes, list new category:

 \* if Category E, attach justification.

 **7a.** If only a change in category, please enter total number of animals (new animals should be designated a category in 6., above):

 Year 1:       Year 2:      Year 3:

**8. Change/Addition of Gender?** Yes[ ]  No[ ]

 If yes, select what gender(s) will be used: Male [ ]  Female[ ]  Both[ ]

**9. Change in animal species?**  Yes[ ]  No[ ]

If yes, list new species:

**10.** **Change in animal strains?** Yes[ ]  No[ ]

If yes, list new strains:

**11. Additional procedures?\*** Yes[ ]  No[ ]

**12. Change in currently approved procedures?\*** Yes[ ]  No[ ]

**13. Additional hazards to personnel?** Yes[ ]  No[ ]

If yes, what type: Radioisotope [ ]  Carcinogen[ ]  Biohazard[ ]  Other [ ]

 The investigator must consult with the Safety Office (for radioactive & carcinogenic materials) or the Biosafety Officer (for biohazards) before approval of hazardous material. Please describe the proposed hazard (in text box below). Please also provide any precautions for animal care personnel after consultation with the DLAM Facility Manager.

**13a.** Who did you consult with and on what date? Please provide any written correspondence concerning consultation in text box below.

Name of official(s) consulted:       Date(s) of consultation:

**[Type text in the text box --- Spacing will adjust to accommodate the length of the narrative]**

**14. Changes in personnel?** Yes [ ]  No [ ]  If **yes**, please describe below:

 **(IACUC Office Use)**

NAME (degree) ROLE/TITLE ADD DELETE MHQ TRAINING

            [ ]  [ ]

            [ ]  [ ]

            [ ]  [ ]

            [ ]  [ ]

             [ ]  [ ]

 **14a. Will added personnel perform surgery?** Yes[ ]  No[ ]

 **14b. Will added personnel perform euthanasia?** Yes[ ]  No[ ]

**If an investigator, student, or technician listed is performing the procedure for the first time, describe the type of training (below) he/she will receive, the person(s) who will provide that training, and the qualifications of that person to provide such training.**

**[Type text in the text box --- Spacing will adjust to accommodate the length of the narrative]**

**15. Justification for changes**

**In the text box, include a detailed description of all requested changes. You should explain why you are requesting the change and detail your objectives and experimental approach. Identify changes in USDA category, species or strains, numbers of animals, treatments, surgical procedures, anesthesia and euthanasia. If new species are to be used, provide documentation of new species-specific training. For significant changes in animal numbers or procedures, an updated flow chart must be provided.**

**[Type text in the text box --- Spacing will adjust to accommodate the length of the narrative]**

**ANIMAL USE PROTOCOL AMENDMENT SIGNATURE PAGE**

 **PROJECT NUMBER:**

 **INVESTIGATOR:**

 **CO-INVESTIGATOR:**

SUBMITTED:

 Signature of Investigator Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Co-PI (if applicable) Date

PRECOMMITTEE REVIEW:

 Attending Veterinarian or Designee Date

APPROVAL: Administrative Review [ ]  Designated Review [ ]  Committee Review [ ]

IACUC Chairman Date