**Drake University**

**IACUC PROTOCOL MINOR AMENDMENT FORM**

**NOTE: For processing, submit the completed form via email to: iacuc@drake.edu.**

Call 271-2004 if you have questions or problems with this form.

**The IACUC has developed this amendment form to aid all investigators in making certain changes to their animal care and use protocols without the need to revise the original protocol.**

**For protocol changes listed below, simply fill out this form and email it to the IACUC (iacuc@drake.edu) for review. *If this form is being submitted by someone other than the PI on the protocol, the PI MUST be cc’d on the email!* Once the amendment is reviewed, you will be notified by email of approval, denial, or need to revise. If approved, it will be added to your original approved protocol on file with the IACUC.**

**Primary Investigator:**  **Protocol No.:**

**Email:**  **Phone:**

**Funding Source:**        **Department:**

**Research or teaching protocol:** **Project Title:**

**Approval Date:** **Next Continuation Date:****3-Year Termination Date:**

This application **requests** amendment of the animal use protocol for the above project by additions or deletions in (*check all that apply*):

Project title or Funding source *(show changes above)*

Animal genetic background or strain *(where change does not impact animal care)*

*New transgenic rodent strains may be added* ***only*** *if the project already includes transgenic rodents,* ***and*** *the new strain does not involve* ***a)*** *any pathogenic vector,* ***b)*** *the expression of any biotoxin, or* ***c)*** *any gene that would require more than Biosafety Level (BSL) 1 containment.*

[Complete item 1]

Number of animals *(additions limited to ≤10% of number originally approved for species).* [Complete item 1]

Change in animal source, animal housing unit, or field site. [Complete item 2]

Change in administration of experiment/treatment as it relates to timing, dose, route of administration and/or specific chemical composition.

*(change may not alter the invasiveness of the procedure, specific objective(s), or scientific rationale)* [Complete item 3]

Change in Personnel (other than PI). [Complete item 4]

Change in Disposition of Animals/Carcasses at End of Project. [Complete item 5]

1. **Change in animal strain or number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Add** | **Delete** | **Strain/Species** | **Number originally approved** | **Number to be added** |
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|  |  |  |  |  |

Justification for added strain or species *(box will expand with text entry):*

Justification for additional animals *(box will expand with text entry):*

1. **Change in animal source, animal care facility, housing unit or field site:**

Describe reason below *(box will expand with text entry):*

1. **Change in experiment/treatment timing, dose, route of administration and/or specific chemical composition:**

**Describe** the change and reason for the change *(box will expand with text entry):*

1. **Change in personnel or personnel roles.**

|  |  |  |  |
| --- | --- | --- | --- |
| Addition and deletion of personnel (if you need to make more than five personnel changes for this protocol attach a separate sheet listing the requested information. Also remember that all study personnel must have completed CITI training (or its equivalent from another institution) within the past three years. | | | |
| **Add** | **Delete** | **Name and Email address** | **Explain specific role(s) of new personnel in this project and describe the experience with the specific procedures to be performed and/or who will train.** |
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1. **Change in disposition of animals/carcasses at end of project.**

Describe the change and reason for the change *(if you are adding transfer as a means of disposition you need to let us know what protocol the animals will be transferred to, what procedures the animals have already undergone and what procedures they will be subject to on the protocol that you wish to transfer them to):*

**IACUC Action:**

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*IACUC Chair Date*

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*IACUC Administrator Date*