University of Texas at San Antonio

Institutional Animal Care and Use Committee

**APPLICATION FOR AN AMENDMENT TO AN IACUC-APPROVED ANIMAL-USE PROTOCOL**

**(To be used to request an amendment to an approved IACUC protocol)**

**NOTE:** an amendment should describe a modification to a previously approved protocol that does not significantly change the overall project, but rather is closely related to the previously approved protocol.

# SECTION I – GENERAL INFORMATION

**This request for an amendment pertains to the following approved protocol:**

|  |  |
| --- | --- |
| **PROTOCOL #** |  |

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |

|  |  |
| --- | --- |
| **PRINCIPAL INVESTIGATOR** |  |

|  |  |
| --- | --- |
| **Submission date of amendment** |  |

**Summary of requested changes (check all that apply)**

|  |  |
| --- | --- |
|  | Changes in animal numbers – complete SECTION II |
|  | Changes in procedures – complete SECTION III and attach the relevant parts of the IACUC application form |
|  | Changes to personnel – complete a change in personnel form |
|  | Change in protocol title –complete SECTION IV |
|  | Change in animal species – complete SECTION II |
|  | Change in surgical procedure – attach PART XII from the IACUC application |
|  | Change in animal housing – complete SECTION IV |
|  | Change in fieldwork site – complete SECTION IV |
|  | Change in category of animal use – complete SECTION III |
|  | Change in veterinary care – complete SECTION IV |
|  | Change in funding source – complete SECTION IV |
|  | Change in analgesics, anesthetics or antibiotics – complete SECTION V |
|  | Change in euthanasia method – complete SECTION III |
|  | Change in anesthesia or analgesia – attach PART XI of the IACUC application form |

# SECTION II – CHANGES IN ANIMAL NUMBERS OR ANIMAL SPECIES

|  |  |
| --- | --- |
|  | **NOT APPLICABLE** |

### Are you requesting a change in the number of animals or the species approved for use with this protocol (either for use with previously approved procedures or for use with modified procedures described in this application)?

|  |  |
| --- | --- |
|  | **YES\*** |
|  | **NO** |

**\*If YES, provide the following information:**

|  |  |
| --- | --- |
| 1. **Previous number of animals approved in original or previously amended protocol:** |  |
| 1. **Number of new animals requested with this application:** |  |
| **Total number of animals (A+B):** |  |

### Please disclose any known health / husbandry issues associated with any strains in this study. If known issues, please list the strains, and specify the source of each strain.

|  |
| --- |
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### Provide a justification for the requested change in the number of animals or the species approved for this protocol. Do these animals differ in any significant manner from those previously requested in the approved protocol, with respect to: source (approved vendor, other), care (location, housing, diet, health issues, etc.); or any other potential concerns?

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### List or outline your experimental groups below indicating the number of newly requested animals in each group to illustrate the total number of animals that have been requested in this application, describe the experimental objective for each group listed (cut and paste the table as many times as needed).

|  |  |  |
| --- | --- | --- |
| **DESCRIBE THE PROCEDURE / EXPERIMENTAL ACTIVITY / EXPERIMENTAL GROUP**  Justify the need and how the number of animals was determined: | | |
|  | | |
| **SPECIES** | **NUMBER OF ANIMALS** |
|  |  |

# SECTION III – CHANGES TO PROCEDURES

|  |  |
| --- | --- |
|  | **NOT APPLICABLE** |

### New analgesics, antibiotics or anesthetics are being requested without a change to approved animal manipulations. Please complete the table below for each new drug.

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Dosage** | **Route** | **Frequency** |
|  |  |  |  |
|  |  |  |  |

### Are you requesting modifications to the procedures previously approved for use with this protocol?

|  |  |
| --- | --- |
|  | **YES\*** |
|  | **NO** |

**\*If YES, provide the following information:**

### Does the proposed change in procedure change the USDA pain category of animal use?

|  |  |
| --- | --- |
|  | **YES\*** |
|  | **NO** |

**\*If YES, provide the following information:**

### Indicate the USDA pain category the new procedures will be classified as:

|  |  |
| --- | --- |
|  | **Category B** |
|  | **Category C** |
|  | **Category D\*** |
|  | **Category E\*** |

**\*For Category D and E studies a new literature search may be required. Please contact the IACUC office for further guidance.**

### Provide a narrative description of the proposed procedural modifications. Specify how the modified procedures will alter or differ from the procedures approved in the original protocol.

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### Will the method of euthanasia differ from the method described in the approved protocol?

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| --- | --- |
|  | **YES\*** |
|  | **NO** |
| **\*If YES, give details below and justify the change in method:** | |
|  | |

### Check additional material included in this amendment application and attach the relevant parts from the application form:

|  |  |
| --- | --- |
|  | Infectious Agents, Recombinant or Synthetic Nucleic Acids, Drugs, Compounds, Chemicals or Radioactive Materials – PART VII |
|  | Collection of Body Fluids and Tissues from Living Animals (Other than Ascites) – PART IX |
|  | Antibody Production for Diagnostic Tests (Rabbits and Rodents) – PART X |
|  | Management of Non-Surgical Pain and Distress – PART XI |
|  | Surgery Major / Minor – PART XII |
|  | Breeding of Research Animals – PART XIII |
|  | *In vivo* Maintenance of Hybridomas / Ascites Formation – APPENDIX A |
|  | Creation of Transgenic / Knockout Animals at UTSA – APPENDIX B |

# SECTION VI – OTHER CHANGES

### Change to protocol title: give the new title below and give the reason for the change

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|  |

### Change in animal housing: describe your new housing needs and justify

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### Change in fieldwork site: please give details of the new site and the reason for the change

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|  |

### Change in veterinary care: please give details and justify the change

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|  |

### Change in funding source: please give the funding agency and grant / proposal number

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### Any other changes not covered in previous sections: please describe here

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# SECTION VI – CERTIFICATION

I certify that the above information is true and that, if this amendment is approved, I will abide by the procedures described herein. If any further changes are required in my project, I will make written application to the IACUC in advance for approval of proposed changes. I also certify that my research team and I are qualified to perform the proposed procedures and will comply with all federal, state and local laws and guidelines regarding the use of animals in research.

|  |  |
| --- | --- |
| **I agree with the above statement** |  |