**Protocol Amendment Request Form**

**I: General information**

1. IACUC Approval number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Protocol approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Principal Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**II: Type of Modification**

IACUC approval must be obtained PRIOR to imposing all changes/modifications. Please check all applicable modifications to be made (check all that apply)

| **Animals**  Addition of a new species.  Addition of new strain (including  transgenic).  Increase in the number of animals (a  10% increase in animal numbers requires a full committee review)  Other (provide a short explanation) | **Procedure**  Addition of a procedure  Change in or addition/subtraction of a  drug or chemical  Change in or addition/subtraction of  anesthesia  Change in pain category (this is a  major addendum and will require a  full committee review)  Addition of new experimental or therapeutic agent (may require a full committee review)  \_\_\_\_Other (must provide a short explanation) |
| --- | --- |
| **Location**  \_\_\_\_\_Surgery room  \_\_\_\_Procedure room  \_\_\_\_Housing location  \_\_\_\_Field site  \_\_\_\_Other (provide a short  explanation) | **Investigator or personnel**  \_\_\_\_Adding new principal investigator (a change in principal investigator will require a  full committee review)  \_\_\_\_ Adding new staff and personnel  \_\_\_\_Deleting investigator or personnel  \_\_\_\_ Other (must provide a short  explanation) |

**III: Description of proposed changes. *Completion of this section is mandatory***. (attach typed document if additional space is needed)

**ASSURANCE STATEMENT**

1. I certify that I have attended an approved MSU investigator-training course \_\_\_\_\_\_ (type year) at \_\_\_\_\_\_\_\_\_\_ (type location)
2. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.
3. I certify that all individuals working on this proposal who have substantial animal contact are participating in the MSU Animal Exposure Surveillance Program.
4. I certify that the individuals listed in Section A are authorized to conduct procedures involving animals under this proposal have attended the MSU course "Using Animals in Intramural Research: Guidelines for Animal Users" and received training in the biology, handling, and care of this species; aseptic surgical methods and techniques (if necessary); the concept, availability, and use of research or testing methods that limit animal welfare concerns.
5. FOR ALL COLUMN D AND COLUMN E PROPOSALS (see section H of IACUC protocol): I certify that I have reviewed the pertinent scientific literature and sources and/or databases as noted below and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress. The methods and sources used in my search included the following:
6. I will obtain approval from the IACUC before initiating any significant changes in this study

PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

| **For IACUC Only**: M**inor changes** may be approved by the IACUC Chair and reported at the next IACUC meeting. For example, personnel changes except for PI, less than 10 % increase in the number of animals. **Significant changes** include a change from non-survival to survival surgery, increases in animal numbers of more than 10%, an increase in pain or distress, a change of species, a change in study objectives, a change in PI, or any changes that impact personal safety.  Reduction in animal numbers does not require review  **\_\_\_ Amendment approved \_\_\_\_\_ Deny Date\_\_\_\_\_\_\_\_\_\_**  **NAme of IACUC Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_** |
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