

York College of Pennsylvania
Institutional Animal Care and Use Committee
Animal Protocol Amendment Form (v2 08/31/2018)

**For IACUC
Use Only**

PROTOCOL NUMBER _____
Previous approval date: _____
Amendment received: _____
IACUC action: _____
Date Approved: _____

Chair initials _____

Principal Investigator/Instructor _____

Extension _____

Department _____

Emergency Contact Information _____

Protocol number:

Project Title:

Check all that apply:

Administrative changes (reviewed by IACUC chair)

- _____ Project title
- _____ Number of Animals (10% or less)
- _____ Change in personnel (including students) or contact information

Changes that require approval by Attending Veterinarian

- _____ Change in previously approved procedure (timing, dose, substances used, specific chemical composition)
- _____ Change in the disposition of animals at the end of a project, including euthanasia method

Changes that require review and approval by the IACUC

- _____ Change in study objectives
- _____ Number of Animals (> 10%)
- _____ Change in faculty member leading the research or course
- _____ Change in procedures resulting in change in Pain Category
- _____ Addition of procedures not previously approved for this protocol
- _____ Change in species used, source, or animal care location/housing

For all applicable sections below, please provide an explanation of proposed changes to your approved protocol with a brief explanation.

Title. Provide a revision to the title of the protocol.

Study objectives. Explain change in study objectives.

Principal Investigator. Explain change in faculty member leading the research or teaching the course

Change in species, animal number, source, or housing. Explain change in animal species used, source, or animal care location/housing

New species requested _____

New source for your animals _____

_____ No additional animals requested

Fill in table for new species or additional animals from an already approved species

Species	Strain/Stock	Age/Gender	Number of animals originally approved	Number to be added per year	Total number

Justification for the additional animals

Change in personnel or personnel roles (see last page – Fill out table to add personnel). Please list any names that need to be removed from a protocol below.

Amend Procedures. Explain change in experiment/treatment (timing, dose, route of administration, substances used, or chemical composition) for procedures already approved on your current IACUC protocol.

For all applicable sections below, please provide an explanation of proposed changes to your approved protocol with a brief explanation.

New Procedures. Describe all experimental procedures that will be performed on the animals. Be as detailed as possible, including the time frames and intervals and describe the procedures in the order in which they will be performed.

Identify the pain category based on changes to procedures or the addition new procedures described above. Please fill in the chart below and provide documentation to support any change. If you are increasing the pain category or D or E you will need to complete a literature search.

For each species, estimate the total number of animals that will be used in each Humane Use category. Enter each animal into only one category A-E. Use the category that best captures the most painful procedure that will be performed. Please separate your total number by experiment or laboratory (teaching). A general description of the Humane Use Categories is provided below.

Species	A	B	C	D	E

Provide documentation to support this change in procedure and pain category.

Literature search for change in Pain Category to D or E. For procedures that involve more than momentary distress or discomfort (i.e., D and E categories), investigators need to make a good faith effort to use alternatives. Below please indicate the sources consulted (minimum of two databases) to show that alternatives are not available. Investigators are encouraged to utilize the concepts of Refinement, Reduction and Replacement in order to minimize distress or discomfort on the part of the animal.

Literature search was conducted.

1) Name of Database:	
Date(s) of Search:	
Search words/phrases:	
2) Name of Database:	
Date(s) of Search:	
Search words/phrases:	

For all applicable sections below, please provide an explanation of proposed changes to your approved protocol with a brief explanation.

Final Disposition. Explain change in disposition of animals at the end of a project.

Previously approved final disposition? _____

Please fill in this table for proposed change to Euthanasia method

Euthanasia method	Estimate number of animals	Acceptable	Acceptable with conditions method	Unacceptable method

If animals will not be euthanized, what will happen to the animals?

Transfer to a different study: _____

Adoption: _____

Other: _____

Provide a detailed explanation of the final disposition of the animals in the study. Additional forms are necessary for the transfer or adoption of animals.

For all applicable sections below, please provide an explanation of proposed changes to your approved protocol with a brief explanation.

Exemptions. Will the proposed changes or additions to procedures, housing conditions, or method of euthanasia to be used require a new IACUC-approved exemption?

yes: _____ no: _____

If yes, check all that apply below and provide a scientific justification for each exemption requested.

Unacceptable method of Euthanasia: _____	Unrelieved pain or distress: _____	Housing rodents on wire bottom cages: _____
Food restriction: _____	Prolonged or unconventional restraint: _____	Single housing for social species: _____
Deviation from enrichment plan: _____	Exemption from the enrichment program: _____	
Death as a study endpoint (not planned euthanasia): _____	Deviation from standard care: _____	Other (specify):
Multiple survival surgeries: _____	Footpad injections: _____	
Water restriction: _____	Ascites production: _____	

Please provide justification for the exemption (s) and an explanation of health monitoring that will occur.

For all applicable sections below, please provide an explanation of proposed changes to your approved protocol with a brief explanation.

Research Personnel Qualifications (*new personnel only*)

Name	Experience/Qualifications related to the procedures described in this protocol	Animal Care/ Procedure	Lab Safety	Medical Survey	On-line
Name:					
Email:					
YCP ID:					
Name:					
Email:					
YCP ID:					
Name:					
Email:					
YCP ID:					
Name:					
Email:					
YCP ID:					
Name:					
Email:					
YCP ID:					
Email:					
YCP ID:					