REQUEST TO AMEND AN ANIMAL USE PROTOCOL

Submitted to the University of South Florida, Institutional Animal Care & Use Committee,

MDC 35, phone 974-7106, fax 974-7091, email: IACUC@usf.edu

PHS #A4100-01; USDA #58-R-0015; AAALAC #000434

**1. ORIGINAL TITLE OF PROJECT.**

**2. PRINCIPAL INVESTIGATOR.**

Principal Investigator Department ARC Researcher Profile ID # Phone

**3. PROPOSED AMENDMENTS TO THE EXISTING PROTOCOL.**

The Principal Investigator proposes to amend IACUC file(s) # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_so that:

 (fill in all appropriate responses, below)

**A**. The certified **personnel** working on this project(s) to be added or to be  removed are:

 



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 Name(s) Degree Department ARC Researcher Profile ID # Phone

 

 

 

**B**. The new or additional protocol **title** or **the additional laboratory outside of animal facilities** where animals are used is: (Indicate with a check mark whether this change is an additional or new title or an additional laboratory for the conduct of procedures previously declared in an approved protocol. Outside facilities not previously described in the IACUC protocol must be submitted on a

**Request for a Procedural Change to an Animal Use Protocol** for **IACUC review\***.)

 



 



**C**. The new or additional **funding** source is: (Indicate with a check mark whether this is an additional or new funding source,

and indicate the agency, grant number, and account number below if known. Requests to modify **federal** sources of support to an existing protocol other than a Mouse Colony protocol must be submitted on a Request for a Procedural Change form, and are subject to **full IACUC review\***.)

Agency: Grant #: Account#:

**D**. The **additional strain(s)** is available for use as originally described for this species, since this use compliments the original hypothesis as justified below: (Indicate the strain, and species requested, and indicate that this request will not change the total number of animals originally approved. If an increase in the approved number of animals is needed a **Request for a Procedural Change to An Animal Use Protocol** should be submitted for **IACUC review\***.)

**E**. The veterinary **therapeutic(s)**, drug(s), analgesic(s), or anesthetic(s) can be administered at the indicated dose, route, and frequency to the indicated species, so as to alleviate the clinical condition described below: (USF Veterinarian review, approval, and signature is required for this request.)

**Signature of USF Veterinarian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Except where noted above under item #C&D**, this request is reviewed within 7 days. Written IACUC approval is required prior to implementation. The IACUC will be apprised of the approval, and the IACUC minutes will note the approval. All other changes to an IACUC-approved animal use protocol must be proposed to the IACUC on a *Request for Procedural Change to an Animal Use Protocol*.

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Signature of Principal Investigator Date

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IACUC Approval Signature Date