

**THE UNIVERSITY OF TEXAS AT ARLINGTON  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**AMENDMENT TO IACUC ANIMAL PROTOCOL**

**IMPORTANT NOTE:** The United States Department of Agriculture (USDA) and the PHS require you to submit proposed significant changes regarding the care and use of animals in ongoing activities for IACUC review and approval *before* implementing the changes. **Failure to obtain IACUC approval of a modification to your protocol could result in suspension of the study that was previously approved, if the IACUC determines that the activity is not being conducted in accordance with the original approved protocol.** If this occurs, you will be required to cease all activities with animals used in your study until further review by the IACUC and the Institutional Official. If your protocol is suspended and you continue to use animals, this is considered a violation of federal regulations that govern the use of animals in research. Such violations must be reported to the Federal government and to University officials. Termination of your research and your funding by the government and/or the University may occur.

**INSTRUCTIONS:** Please complete and submit this form (typed) to the Office of Research Compliance at Box 19188 or fax to 817-303-1111. If you have any questions, please contact the Office of Research Compliance at 817-272-3723 or Dr. Michael Roner (IACUC Chair) at 817-272-1302.

**General Information**

IACUC Protocol # _____	Original Approval Date _____	
Principal Investigator _____	Dept _____	
E-Mail _____	Phone (Office) _____	Box # _____
Project Title _____		
Today's Date _____	Funding Agency _____	

**Nature of Requested Changes**

**Please check the nature of your requested change (check all that apply and complete the sections indicated):**

- Change of project title **(Complete Section A)**.
- Change of funding agency **(Complete Section B)**.
- Change in number of animals **(Complete Section C)**.
- Change and/or addition of procedures **(Complete Section D)**.
- Change and/or addition of animal species **(Complete Section E)**.
- Change of personnel **(Complete Section F)**.

**\* All changes require the completion of Section G, "Assurance and Signature."**

**Section A: Change of Project Title**

Proposed Title Change _____
_____
_____

**Section B: Change of Funding Agency**

Name of New Funding Agency _____
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**Section C: Change in Number of Animals**

Species \_\_\_\_\_

Numbers -

Currently Approved:    Per Year: \_\_\_\_\_    Project Total: \_\_\_\_\_    USDA Category\*: \_\_\_\_\_

Additional Proposed:    Per Year: \_\_\_\_\_    Project Total: \_\_\_\_\_    USDA Category\*: \_\_\_\_\_

New Project Totals:    Per Year: \_\_\_\_\_    Project Total: \_\_\_\_\_    USDA Category\*: \_\_\_\_\_

\* If category 3 or 4, attach justification.

**Section D: Change and/or Addition of Procedures**

Describe the changes in detail: is this an additional procedure, or is it a change in currently approved procedures? Why are you requesting this change, and what is the objective? Describe the experimental approach. Identify changes in the USDA Category, and include species, numbers, treatments, surgical procedures, anesthesia, and euthanasia when applicable.

**Section E: Change and/or Addition of Animal Species**

Identify the Change -

Change from one species to another: \_\_\_\_\_ to \_\_\_\_\_

Additional species: \_\_\_\_\_

Deletion of species: \_\_\_\_\_

Provide rationale for the appropriateness of the species and the numbers of animals to be used:

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**Section F: Change of Personnel**

All additional personnel must complete LATA Animal Care Training and Hazard Communication (HazCom) Training. Contact the Office of Research Compliance at 817-272-3723 for information regarding animal care training; contact Environmental Health & Safety at 817-272-2185 for information regarding HazCom Training.

**Additional Personnel –**

Name(s)	Role/Title	LATA Training Date	HazCom Training Date

**Deletion of Personnel –**

Name(s)	Role/Title

**Section G: Assurance and Signature**

For active and/or continuing protocols, **I certify** that the use of animals has been and/or will be in accord with U.S. Department of Agriculture Animal Welfare regulations, the Public Health Service Policy on Humane Care and Use of Laboratory Animals, the National Research Council *Guide for the Care and Use of Laboratory Animals*, and the policies established by the University of Texas at Arlington. **I further certify** that no significant change in this protocol will be implemented without prior IACUC approval.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

**ANIMAL USE PROTOCOL AMENDMENT** (continuation page)

**Investigator:** \_\_\_\_\_

**Protocol Number:** \_\_\_\_\_