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| **IMPORTANT NOTE**: The United Stated 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* implementingthe 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 IACUC Coordinator or the Office of Regulatory Services at [regulatoryservices@uta.edu](mailto:regulatoryservices@uta.edu). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Today’s Date:** | | | | Click here to enter a date. | | | | | | | | | | | **Principal Investigator:** | | | | | | | | | Click here to enter text. | | | | | |
| **Email:** | Click here to enter text. | | | | | | | | | | **Phone:** | | | Click here to enter text. | | | | | | | | | | **Dept:** | | | Click here to enter text. | | |
| **IACUC Protocol #:** | | | | | | | Click here to enter text. | | | | | | | | | **Protocol Title:** | | | | | Click here to enter text. | | | | | | | | |
| **Original Approval Date:** | | | | | | | | | Click here to enter a date. | | | | | | | | **Funding Source(s):** | | | | | | | | Click here to enter text. | | | | |
| **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 and/or addition of funding agency **(*Complete Section B*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change/addition/deletion of animal species **(*Complete Section C*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change in number of animals **(*Complete Section D*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change and/or addition of procedures **(*Complete Section E*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change of PI or co-PI **(*Complete Section F*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change of Animal Location and/or request for animal transportation **(*Complete Section G*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***NOTE: Movement of animals WITHIN the central Animal Care Facility or Approved Satellite Facilities does not require separate IACUC approval. However, such animal movement should follow guidelines which can be found here***: <https://resources.uta.edu/research/regulatory-services/animal-subjects/transportation-policy.php>  **\* All changes require the completion of Section H: Assurance and Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section A: Change of Project Title** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Proposed Title:** | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **Section B: Change of Funding Agency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New or Additional Funding Agency:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
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| **Section C: Change/Addition/Deletion of Animal Species** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identify the change -** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Change from one species to another:** | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | **to** | Click here to enter text. | | | | | |
| **Additional species:** | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Deletion of species:** | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **If changing or adding species, completion of Section D is also required.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D: Change in Number of Animals (attach additional copies of this page as necessary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Species:** Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. **Animal Numbers:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Currently Approved\* –** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Total:** | | | | | Click here to enter text. | | | | | | | | | | **USDA Category:** | | | | | | | Click here to enter text. | | | | | | | |
| **Additional Proposed –** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Total:** | | | Click here to enter text. | | | | | | | | | | | | **USDA Category:** | | | | | | | Click here to enter text. | | | | | | | |
| **New Project Totals –** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Total:** | | | Click here to enter text. | | | | | | | | | | | | **USDA Category:** | | | | | | | Click here to enter text. | | | | | | | |
| \*Please refer to your original protocol and any subsequent amendments to determine the current approved number of animals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Source of Animals (**[**ACF Approved Vendor**](https://mavsuta-my.sharepoint.com/personal/angela_luna_uta_edu/Documents/IACUC%20-%20Angie/List%20of%20Approved%20Animal%20Vendors%20Feb%202018.pdf)**, Breeding Protocol, Other Institution, etc.):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **If adding new procedures for these animals, please complete Section E. If animals will undergo previously approved procedures in this protocol, briefly describe them here:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Provide justification for the additional number of animals to be used. How did you calculate the number in each group that are required to achieve statistical significance? How did you calculate the total number you are requesting?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Provide your reason for selecting the species. Are other animals, especially lower species, suitable for these studies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Describe the experience of the personnel who will perform these procedures with the proposed animal model and manipulation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section E: Change and/or Addition of Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Describe the changes and experimental approach in detail and explain if this is an additional/new procedure, or a change of currently approved procedures. Include details on the species, groups/treatments, number of animals in each group, timeline of the experiments, and USDA Category of the animals.**   Click here to enter text.   1. **Will these proposed modifications require a change to analgesia, anesthesia, or euthanasia that are currently approved in the protocol?** **No** **Yes (If yes, describe below.)**   Click here to enter text.   1. **Will these proposed modifications change the humane endpoints or experimental endpoints that are currently approved in the protocol?** **No** **Yes (If yes, describe below.)**   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section F: Change of PI or co-PI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New animal research personnel must complete** [**Occupational Health Certification**](https://resources.uta.edu/research/regulatory-services/animal-subjects/occupational-health-program.php) **and** [**IACUC Training**](https://resources.uta.edu/research/regulatory-services/animal-subjects/iacuc-training.php) **before initiating work with animals.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New PI/co-PI –** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name(s):** | | Click or tap here to enter text. | | | | | | | | | | | | | **Role/Title** | | | Click or tap here to enter text. | | | | | | | | | | | |
| **Training Date:** | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | | | | | |
| **Remove PI/co-PI –** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name(s):** | | Click or tap here to enter text. | | | | | | | | | | | | | **Role/Title** | | | Click or tap here to enter text. | | | | | | | | | | | |
| **Describe new PI/co-PI’s experience with the proposed animal model and manipulation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section G: Change of Animal Location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Currently Approved Location/Room #:** | | | | | | | | | | | | | Enter text. | | | | | | | **Proposed New Location/Room #:** | | | | | | | | Enter text. | |
| 1. **Briefly describe the rationale for changing the animal location:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Will the new animal location involve moving animals OUTSIDE the central Animal Care Facility OR between buildings on UT Arlington campus OR Outside UT Arlington campus?  YES  NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answered **YES** above, animal transportation approval is also required. Please complete and submit the[**Request for Animal Transportation**](https://resources.uta.edu/research/regulatory-services/animal-subjects/forms.php)form along with this amendment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section H: 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 USDA 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | |  | | | | | | | Click to enter a date. | | | |
| **Signature of Principal Investigator** | | | | | | | | | | | | | | | | | | |  | | | | | | | **Date** | | | |