

St. Mary's College of Maryland
Institutional Animal Care and Use Committee (IACUC)
****Animal Use Protocol Amendment Request****

Date: _____

Principal Investigator: _____

Parent IACUC Protocol No.: _____

Campus Mail Address: _____

Email: _____

Title of Project: _____

What type(s) of changes in protocol are being proposed? *(Check all that apply):*

- | | |
|--|---|
| ☐ Change in animal species / strain | ☐ Change in pain / distress category |
| ☐ Change in animal numbers | ☐ Change in location of animal usage |
| ☐ Change in surgical procedure | ☐ Change in funding source |
| ☐ Change in anesthesia or analgesia | ☐ Change in project title |
| ☐ Change in method of euthanasia | ☐ Change in hazardous agent use |
| ☐ Addition / deletion of procedure | ☐ Other (describe): |
| ☐ Add / repeat experiments | |

1. Clearly state (list) and describe all proposed changes in detail.

2. Are additional animals being requested as part of this amendment? ☐ YES ☐ NO

If yes, please specify the species / strain, the total number being requested and discuss how this was determined to be the minimal number required to obtain statistically significant results.

3. Justify the need for these proposed changes. Briefly describe how the proposed changes relate to the original goals of the approved protocol.

Please note that substantial changes may need to be submitted as a new IACUC protocol.

For active and/or continuing protocols, I certify that the use of animals has been and/or will be in accord with USDA regulations, the PHS Policy on Humane Care and Use of Laboratory Animals, The Guide for the Care and Use of Laboratory Animals, and the policies established by St. Mary's College of Maryland. I further certify that the work described in this amendment does not unnecessarily duplicate previous work and that no change in this protocol will be implemented without prior IACUC review and approval.

Signature of Principal Investigator

Date