**ANIMAL USE AMENDENT FORM**

**HENDRIX COLLEGE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**(revised July 2019)**

***REQUEST FOR CHANGES TO AN APPROVED PROTOCOL***

Protocol No.

Title:

Principal Investigator:       Email Address:

If not PI, whom should we contact for questions related to this amendment:       Email Address:

**Requested Change (check all that apply):**

[ ]  New procedures to be performed – complete Part A and sign assurance.

[ ]  New species and or an increase in the number of animals to be used – complete Part A and sign assurance.

[ ]  New location of housing or procedures – complete Part A and sign assurance.

[ ]  New personnel – complete Part B and sign assurance.

[ ]  Other – complete Part A and sign assurance.

**A. Description of Requested Changes**

*For new procedures or additional animals*, list the **Category of Pain.**

*If you are adding a procedure that could create pain or distress*, you need to include a **literature search** for alternatives.

*If you are requesting an increase in animal numbers*, provide justification with supportive statistics.

Describe the changes you are requesting.

**B. Addition of Personnel**

Hendrix College requires that all personnel engaged in animal research or teaching be qualified through training and experience in order to conduct the work humanely.

* The IACUC requires the [NIH training course: Guidelines for ANIMAL USERS](https://oacutraining.od.nih.gov/public_menu.aspx). This training must be completed every 3 years for all active animal users.
* The IACUC also requires completion of the **Hendrix Health Questionnaire and Release forms** and the **Occupational Health and Safety Info** documents from the [IACUC website](https://www.hendrix.edu/academicaffairs/default.aspx?id=86652).
* For instructions on how to complete the training, please see the IACUC Animal Users Training guide, also available on the [IACUC website](https://www.hendrix.edu/academicaffairs/default.aspx?id=86652).

**Personnel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | ID | Role in Protocol (What procedures will each person be doing on live animals?) | Species with which individual will have direct contact (e.g., “none”, “all”, or list species) |
|       | PI | NA |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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**Documentation of** [**NIH Training**](https://oacutraining.od.nih.gov/public_menu.aspx) **and other documents for all personnel.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | NIH Training Completion (mm/yy) | IACUCUSE ONLY Tetanus/(mm/yy) | IACUCUSE ONLY Campus Health Approval/(mm/yy) |
|       |       |       |       |
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For each individual, including the PI, describe the individual’s years of experience with all listed species and procedures they will be conducting under this protocol. For procedures for which they are not yet trained, but will likely be trained to do during the activity period of this protocol, provide a description of who will provide such training:

**ASSURANCE**

As Principal Investigator of this protocol, I assure that all procedures will be conducted as described in this amendment and that personnel will receive appropriate additional training prior to conducting any new procedures that are not listed above.

SIGNED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Date

 **For IACUC use only:**

 [ ]  Administratively approved - Approving administrator:       Date of approval:

 [ ]  Approved by Designated Review – Designated reviewer:       Date of approval:

 [ ]  Approved by Full Committtee Review – Primary reviewer:       Date of approval: