IACUC: Protocol Modification

Protocol Modification Form for Animal Care and Use

The IACUC consists of scientists from several disciplines as well as non-scientists, members of the Marietta College community, and persons who have no other affiliation with the Marietta College than as members of the Committee. The protocol should therefore be described in terms understandable by an audience of educated non-specialists. Please return one electronic copy of the completed protocol (and any associated materials, such as permits) and a copy of the original approved protocol to the Chair of the IACUC.

Original Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Protocol Assigned ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Any Co-Investigators with their Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Type of Protocol (check one):

Top of Form

 Faculty Project

 Student Project (Faculty Supervisor):

 Class Project (Course Name, Number, and Instructor):

 Other (Specify, with Faculty Supervisor if Applicable):

Bottom of Form

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please allow at least two weeks from submission date for approval.*

Duration of Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the investigator and faculty research advisor assure that this project will be conducted in accordance with this protocol, and that proposed changes to the procedure will be submitted to the IACUC for review before implementation.

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

Primary Investigator(s) Signature Date

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

Faculty Advisor Signature Date

**This form should only be used for making changes to an approved protocol.**

1. **Modifications in Procedure**
   1. Check all modifications that are applicable to this request:

Top of Form

Addition of an invasive procedure.



Bottom of Form

Top of Form

Change in degree of invasiveness of approved procedure.



Bottom of Form

Top of Form

Change in euthanasia methods or drug.



Bottom of Form

Top of Form

Addition of new experimental or therapeutic agent.



Bottom of Form

Top of Form

Change from non-survival surgery to survival surgery (or vice versa).



Bottom of Form

Top of Form

Addition of a non-invasive procedure.



Bottom of Form

Top of Form

Change in analgesic/anesthetic.



Bottom of Form

Top of Form

Change in duration, frequency, or number of procedures.



Bottom of Form

Top of Form

Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



* 1. Please provide a justification for any of the above changes.

1. **Modifications in Analgesic/Anesthetic/Euthanasia Drug**
   1. Are there any changes to an analgesic/anesthetic/euthanasia drug? Yes No



* 1. If yes, please provide information regarding changes in which drug, as well as dosage, route, frequency, side effects, and treatment.

1. **Modifications in Animals**
   1. Are there any changes to the number of animal used?  Yes  No
   2. If yes, please provide a rationale for this difference, including any adverse events, morbidity, or mortality
   3. Are there any changes to the species of animal used?  Yes  No
   4. If yes, please provide a rationale for this difference, including any impact this will have on the protocol (*including the source of the animals, the location of the animals, endpoints, and biohazardous agents*).
   5. Are there any changes to the location of animal used?  Yes  No
   6. If yes, please identify the new location and rationale for this change.
2. Modifications in Biohazardous Agents
   1. Are there any changes to biohazardous agents used?  Yes  No
   2. If yes, please provide a description of the difference, as well as a rationale for the difference.
3. Modifications in Pain Level
   1. Are there any increases in pain level for the animal used?  Yes  No
   2. If yes, document what information source(s) or literature searchers were used to locate alternative methods. The Animal Welfare Act requires that a minimum of 2 or more searches must be conducted (i.e., Pubmed and Medline). Please provide the following information regarding your search: 1) list databases used, 2) keywords used in the search, 3) years covered by search, and 4) date on which current search was conducted. (For more information go to the USDA’s Animal Welfare Information Center at <http://www.nal.usda.gov/awic/alternatives/alternat.htm>.

**For questions, comments, or assistance in completing the form, contact the IACUC Chair (email on IACUC website).**

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