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| twul-b-v | **Institutional Animal Care Committee*****Animal Use Protocol Amendment Form******Procedural or Principal Investigator/Instructor Changes*** |

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| This form is used to request changes in animal species, number, or procedures associated with the Animal Use Protocol specified below. It is also used to request a change in the Principal Instructor/ Investigator (PI) responsible for work under this protocol. Follow the Instructions for Completing AUP Applications at <http://www.twu.ca/research/research/animal-care/protocols.html>**Please submit the completed, signed application, containing all attachments, and an electronic copy to the** IACC Coordinator, Neufeld Science Centre, 7600 Glover Rd, Langley, BC, V2Y 1Y1. Email: Kehler@twu.ca Tel: (604) 888-7511 ext 3249**Date:** Click here to enter a date. | ***For Administrative Use Only*** |
| **Protocol****Number** | **Date Received** |
|  |  |
| **Category of Invasiveness** |
|  |

**1. Administrative Information**

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| Course Number (if applicable) and Project Title |       |
| Name of Original Principal Investigator/Instructor:  |  |
| Name of New Principal Investigator/Instructor:  |  |
| Department:  |  |
| Contact Numbers:  |  |
| Email:  |  |
| Funding Agency (for research protocols) |  |

**2. Purpose:** Indicate the purpose(s) of this request by filling in the sections that are being amended. Provide justification for all changes where indicated.

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| a. Changes in Animal Usage |
| Animal Species | Yes [ ]  | No [ ]  |
| Total Number of animals | Yes [ ]  | No [ ]  |
| Source/Location | Yes [ ]  | No [ ]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| b. Changes in Procedure(s)  | Yes [ ]  | No [ ]  |
| Will it change the Category of Invasiveness?Protocols are categorized based on the most invasive procedure being carried out. | Yes [ ] If Yes, indicate the new COI[ ] B [ ] C [ ] D [ ] E | No [ ]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| c. Changes to Drug/Chemical Use (including Dose, Route of Administration): |
| Anesthetic | Yes [ ]  | No [ ]  |
| Analgesic | Yes [ ]  | No [ ]  |
| Other | Yes [ ]  | No [ ]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| d. Changes in Endpoints/Fate of Animals  | Yes [ ]  | No [ ]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| e. Changes in Use of Hazardous Material  | Yes [ ]  | No [ ]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| f. Changes in Funding Agency | Yes [ ]  | No [ ]  |
| Specify and indicate if peer review for scientific merit has been carried out for research protocols.Click here to enter text. |

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| g. Include any other relevant changes that have not already been discussed. |
| Click here to enter text. |

**3. Signatures**

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| **Name: Principal Investigator/Instructor**  | **Date** | **Signature** |
|       | Click here to enter a date. |  |
| **Name: Faculty/School Dean**Required for significant modifications, such aslarge changes in animal numbers, procedures, or changes in species or PI. | **Date** | **Signature** |
|       | Click here to enter a date. |  |
| **Name: IACC, Chair**  | **Date** | **Signature** |
|  | Click here to enter a date. |  |