**Protocol Amendment**

**Please fill out this form completely and send as a Word document to** [**iacuc@ucsc.edu**](mailto:iacuc@ucsc.edu)**.** Enter N/A or no changes where the question is not applicable. **Do not initiate the proposed changes until final IACUC approval is received.** Questions and feedback regarding this form should be directed to [iacuc@ucsc.edu](mailto:iacuc@ucsc.edu) or ORCA. Thank you.

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| --- | --- | --- | --- |
| Submission date:MM/DD/YYYY | | Approved protocol number:Abcd#### | |
| Protocol title: Enter protocol title here | | | |
| Principal investigator: Enter name here | | | |
| Department: Enter department here | | | |
| Phone: (XXX) XXX-XXXX | Email: Enter email here | | Mail stop: Enter mail stop here |
| Co-respondent(s) on protocol communications: Enter name(s), email address(es) here | | | |

Provide a brief description of the amendment (e.g., add personnel, request additional animals):

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| Enter text here |

**A. PERSONNEL AMENDMENT (done by ADMINISTRATIVE REVIEW)**

1. List the names of any additional individuals who wish to conduct procedures involving animal contact under this proposal and provide their institutional affiliation, role, email, and campus phone number. Add or delete rows as needed. Named individuals must complete the [IACUC training course](https://officeofresearch.ucsc.edu/compliance/services/iacuc-19-faqs.html#training) and be enrolled in [Occupational Health Surveillance System (OHSS)](http://ehs.ucsc.edu/programs/research-safety/animal-contact/OHSS.html) at UCSC or equivalent at the individual’s home institution before being added to the protocol. Any additional key personnel must be added by amendment and receive final IACUC approval prior to direct participation in the proposed activities. **NOTE: a change of PI requires Committee approval.**

For surgical procedures, named individuals performing the surgeries are also required to complete the “Aseptic surgery” module of “Group B: Biomedical Course for Vivarium Users,” “Post Procedure Care of Mice and Rats in Research: Minimizing Pain and Distress,” and as applicable “Working with Mice in Research Settings” and/or “Working with Rats in Research Settings.”

| Name | Institutional Affiliation | Protocol Study Role | Email address | Phone | completed?  *enter date below* | | Non-affiliated personnel affirmation\* |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CITI  training | OHSS  (safety) |
| Name | UCSC or specify | Role | Email address | ###-###-#### | date | date |  |
| Name | UCSC or specify | Role | Email address | ###-###-#### | date | date |  |
| Name | UCSC or specify | Role | Email address | ###-###-#### | date | date |  |

\*PI affirms that non-affiliated individuals have completed animal care and use training and occupational health and safety assessment at the individual’s home institution.

2. Briefly explain how the PI will ensure that personnel are properly trained and supervised for participation in specific research activities. If there are restrictions on the participation of certain personnel, briefly describe the responsibilities of each role.

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| Enter text here |

**B. PROTOCOL AMENDMENT FOR ALL OTHER CHANGES (requires IACUC REVIEW)**

1. If you have applied for or received funding through UCSC’s Office of Sponsored Projects (OSP) and have not yet reported it to the IACUC, specify the funding agency and Cayuse proposal number. For PHS and NSF projects specifically, please ensure before submitting this IACUC amendment application that the scope of work, species, numbers, agents and methods for them, procedures, and euthanasia methods are [congruent between the grant and application](https://officeofresearch.ucsc.edu/compliance/services/iacuc-19-faqs.html#grant-protocol-congruency). Note that in general, grant proposal descriptions will be broad and IACUC application details will be more specific. Add or delete rows as needed. For assistance, contact OSP and/or ORCA.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Funding Source | Cayuse proposal number  (not the project number) | Comment | | --- | --- | --- | | Funding source | Cayuse proposal number |  | | Funding source | Cayuse proposal number |  | | Funding source | Cayuse proposal number |  | |

2. Propose any changes in animal use sites/locations (refer to questions in Section C, Animal Requirements of the original protocol forms).

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| Enter text here |

3. Specify any new permits. Be sure to include the permit agency, permit numbers, and permit expiration dates (refer to the section on Research Authorizations).

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| Enter text here |

4. Propose any changes in purpose or objectives from the approved protocol (refer to Section B).

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| Enter text here |

5. Propose any changes in animals used. Specify changes in species and animal numbers (by species) and provide basis for the proposed changes. More information is available about [animal numbers on UCSC IACUC FAQs web page](https://officeofresearch.ucsc.edu/compliance/services/iacuc-19-faqs.html#animal-numbers) (Sections C and D).

| Common name  (e.g., mouse) | Genus and species  (e.g., *Mus musculus*) | Strain or subspecies | Age and Sex | Mass (weight)  range | Number requested |
| --- | --- | --- | --- | --- | --- |
| Common name | Genus and species | Type | Class | Mass | Number |
| Common name | Genus and species | Type | Class | Mass | Number |
| Common name | Genus and species | Type | Class | Mass | Number |

Description of animals used

|  |
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| Enter text here |

6. Propose any changes in procedures to be used on animals. Describe the procedures in detail and specify their anticipated effect on the animals. Use the [Pain and Distress Classifications](https://officeofresearch.ucsc.edu/compliance/files-iacuc/pain-and-distress-classifications.pdf) to determine whether your procedures meet Classification D and E; Classification D and E procedures require updated literature review for consideration of alternatives and new Classification E procedures require consultation with the campus (attending) veterinarian at [vet@ucsc.edu](mailto:vet@ucsc.edu) and completion of the [Class E Justification Form on the UCSC IACUC forms web page](https://officeofresearch.ucsc.edu/compliance/services/iacuc-18-forms.html) (Sections: Description of Study Design and Animal Procedures, Animal Care, Surgery, Pain or Distress Classification and Consideration of Alternatives, Method of Euthanasia or Disposition of Animals at End of Study, and Collection of Vertebrate Samples).

Description of procedures

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| Enter text here |

If applicable, check the box when surgical procedures are being added.

Changes in pain and distress

| Species  (common name) | Pain and Distress Classification  (B, C, D or E) | Number of animals used each year | | | 3 years total number of animals |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 |
| Species (Common name) | Class | Number | Number | Number | Number |
| Species (Common name) | Class | Number | Number | Number | Number |
| Species (Common name) | Class | Number | Number | Number | Number |
| Total number of animals | | | | | Number |

7. Propose/Describe any changes for personnel to the Health and Safety Considerations section from the initial protocol.

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| Enter text here |

**PROTOCOL SUBMITTED BY THE PRINCIPAL INVESTIGATOR**

Signature of principal investigator: Signature Date: MM/DD/YYYY

**IACUC FINAL APPROVAL**

Certification of review and approval by the UC Santa Cruz Institutional Animal Care and Use Committee:

Approval signature: Date: