

**Institutional Animal Care and Use Committee Amendment Form
REQUEST FOR AMENDMENT APPROVAL**

Federal regulations require that amendments to approved protocols involving animals be reviewed by the IACUC. Complete this form and return to: Dr. Tracey L. Poston, Office of Research, University of Notre Dame, 511 Main Building, Notre Dame, IN 46556

Investigator:
Study Title:

Protocol Number:

Amendment involves change(s) in: *(Check all that apply and describe in space below)*

- | | |
|--|---|
| <input type="checkbox"/> Change in Protocol Title | <input type="checkbox"/> Change in Pain or Distress Category |
| <input type="checkbox"/> Change in anesthetic/analgesics | <input type="checkbox"/> Change in Euthanasia methods |
| <input type="checkbox"/> Different Species | <input type="checkbox"/> Change in husbandry/diet/environment |
| <input type="checkbox"/> Other: <i>Specify in space below</i> | |
| <input type="checkbox"/> Increase in animal numbers: <i>Specific numbers, experimental groups, pain/distress category, and justification are mandatory. Provide in space below.</i> | |
| <input type="checkbox"/> Surgery/Survival Surgery/Multiple Surgeries on the same animal: <i>Include description of surgery, surgeon and their qualifications, anesthetic monitoring, post-op care, record keeping. Provide in space below.</i> | |
| <input type="checkbox"/> Modification of Methods/Procedures: <i>Describe how change fits with study objectives, state rationale for change, give detailed description of change. Provide in space below.</i> | |

DESCRIPTION/JUSTIFICATION FOR REQUESTED CHANGES:

PI Signature _____

Date: _____

Approved Deferred Not Approved Designated Review Full Committee Review

Executive Secretary of the IACUC Signature _____ Date _____

Assurance of Compliance Number A3093-01

Approved Deferred Full Committee Review

Designated Reviewer Signature _____ Date _____