**PROTOCOL AMENDMENT FORM**

*Please send completed forms to iacuc@liberty.edu*

The Liberty University IACUC has developed this form to aid investigators with making modifications to approved animal use protocols. Please keep in mind the following:

1. Depending on the requested change(s), the IACUC may request that a new protocol be submitted for further evaluation.
2. For changes that require a new protocol, please submit a new protocol form along with this form for consideration.
3. **For changes in personnel (*other than the PI*), please use the personnel amendment form.**

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| **PROTOCOL INFORMATION** |
| Principal Investigator: |
| IACUC Protocol #: |
| Title of Protocol: |

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| **CHANGES REQUIRING A NEW PROTOCOL** | | | |
| Change in the purpose, aim, or objectives of a study | | | |
| Change in Principal Investigator (*Also submit a Change in PI form to the IACUC*) | | | |
| Change or addition of a new species | | | |
| Large increase in animal number (*>100%*) | | | |
| Repeating an experiment with more animals | | | |
| **SIGNIFICANT CHANGES** | | | |
| Adding hazardous agents | | | |
| Increasing the number of an already approved species (*>25% but ≤ 99% of the approved #*) | | | |
| Changing an approved procedure | | | |
| Adding or changing therapeutic/anesthetic agents | | | |
| Adding a new procedure (*may not cause additional pain or distress*) | | | |
| Changing the method of euthanasia | | | |
| Other: | | | |
| **MINOR CHANGES** | | | |
| Increasing the number of an already approved species (*>10% but ≤ 25% of the approved #*) | | | |
| Adding a new strain of the same species | | | |
| Removing a species | | | |
| Change in age of animals already approved for the study | | | |
| Change in administration of an already approved experiment or treatment as it relates to the timing, dose, route of administration, and/or specific chemical composition | | | |
| Change in animal use location or field site | | | |
| Other: | | | |
| **ADMINISTRATIVE CHANGES** | | | |
| Change in protocol title or funding source | | | |
| Change in address, phone number, or email address | | | |
| Increasing the number of an already approved species (*≤10% of the approved #, not “E”*) | | | |
| Other: | | | |
| **Change(s) to be made:** | | | |
| **Rationale for change(s) (be as thorough as possible):** | | | |
| **Will there be an increase in the number of animals?**  No  Yes *(complete chart below)* | | | |
| Species | Number Originally Approved | | Number To Be Added |
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| *Any addition greater than 10% but less than or equal to 25% of the approved number will be reviewed by the Chair upon receipt of the amendment. An increase by more than 25% of an already approved species will be reviewed at the next convened IACUC meeting. Any addition beyond 100% of the original number will require a new protocol application.* | | | |
| **Justification for additional animals (be as thorough as possible):** | | | |
| **CERTIFICATION** | | | |
| Certification (**Check the box if you agree to the terms below**)   * I understand that the approval for inclusion of the above modification(s) into the approved protocol is granted solely by the IACUC and will continue for the current three year approval period. * I understand that the approval for this change will continue to be effective upon annual renewal approval, or until the protocol is terminated. * I understand that any changes in protocol must be approved prior to implementation. | | | |
| **Today’s Date:** | | **Submit form to:** [iacuc@liberty.edu](mailto:iacuc@liberty.edu) | |