

# IACUC Amendment Form

AUP# \_\_\_\_\_

Current Pain Category: \_\_\_\_\_

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

PI Name: \_\_\_\_\_

Department: \_\_\_\_\_

What change(s) are being requested? Select all that apply.

- Personnel Changes
  Non-LAR Location Add/Change  
 Procedural Change no Additional Animals Requested
  Procedural change with additional animals requested

## Location Add/Change

Location (Room Building)	Requested Change

## Personnel Changes

List names of personnel to be removed from the protocol.

## Add Personnel

**Personnel 1** If you need assistance, contact the [IACUC administrator](#) for training information.

<b>Personnel Name:</b>		<b>Email:</b>	
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Provide WSU email, not personal

## Required Training Dates

Animal Care and Use:		Occupational (Animal Contact):		Species Specific:	
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Check any procedure below that this person might be performing.

- Survival Surgery
  Euthanasia

If Euthanasia was checked, please confirm.

Proficiency in euthanasia will be confirmed by LAR staff or veterinarian prior to performing the procedure independently.

List the activities this person will perform on this protocol.

Describe the person's experience in all responsibilities or explain who will train until proficient.

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## Personnel 2

<b>Personnel Name:</b>		<b>Email:</b>	
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Provide WSU email, not personal

### Required Training Dates

Animal Care and Use:		Occupational (Animal Contact):		Species Specific:	
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Check any procedure below that this person might be performing.

- Survival Surgery  Euthanasia

If Euthanasia was checked, please confirm.

- Proficiency in euthanasia will be confirmed by LAR staff or veterinarian prior to performing the procedure independently.

List the activities this person will perform on this protocol.

Describe the person's experience in all responsibilities or explain who will train until proficient.

## Personnel 3

<b>Personnel Name:</b>		<b>Email:</b>	
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Provide WSU email, not personal

### Required Training Dates

Animal Care and Use:		Occupational (Animal Contact):		Species Specific:	
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Check any procedure below that this person might be performing.

- Survival Surgery  Euthanasia

If Euthanasia was checked, please confirm.

- Proficiency in euthanasia will be confirmed by LAR staff or veterinarian prior to performing the procedure independently.

List the activities this person will perform on this protocol.

Describe the person's experience in all responsibilities or explain who will train until proficient.

## Personnel 4

<b>Personnel Name:</b>		<b>Email:</b>	
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Provide WSU email, not personal

### Required Training Dates

Animal Care and Use:		Occupational (Animal Contact):		Species Specific:	
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Check any procedure below that this person might be performing.

- Survival Surgery  Euthanasia

If Euthanasia was checked, please confirm.

- Proficiency in euthanasia will be confirmed by LAR staff or veterinarian prior to performing the procedure independently.

List the activities this person will perform on this protocol.

Describe the person's experience in all responsibilities or explain who will train until proficient.

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## **Protocol Change**

**Provide a written description of any proposed procedural change(s) either surgical or experimental. Attach additional sheets, if necessary.**

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Yes  No **Will the procedure change also result in an increase to the Pain Category of this protocol?**

If yes, select the new pain category (as changed by this amendment)

Yes  No **Could the proposed procedure(s) potentially cause more than momentary or slight pain or distress to the animals?**

If yes, provide the method(s) to be used that minimize pain and/or distress.

If yes, a justification describing the method(s) and source(s) used to determine that alternatives to both the species selected and the procedure(s) described were not available. These methods and sources should include listing of the databases searched, the keywords used to conduct these searches, the search strategy (logical keywords combinations) used for each search, the inclusive dates searched for each database, and the date the searches were performed. **Alternatively, upload a copy of the literature searches as supporting documents along with this submission.**

Yes  No **Will pain or distress intentionally not be relieved?**

If yes, provide the scientific basis that justifies the unrelieved pain or distress.

## Anesthesia

Yes  No **Do(es) the proposed change(s) require a change in anesthesia?**

If Yes, describe the change(s).

Name of agent	Dose	Volume	Route	Pharmaceutical grade

If any agent is not pharmaceutical grade, justify its use.

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## Euthanasia

Yes  No Do(es) the proposed change(s) require a change in euthanasia?

If yes, please respond to the following questions.

What method(s) will be used?

- Cervical dislocation  MS-222  
 CO2  Pentobarbital  
 Perfusion fixation under anesthesia [anesthesia@wright.edu](mailto:anesthesia@wright.edu)

List anesthetic:

- KCl under anesthesia

List anesthetic:

Decapitation

Method:

Other

Specify:

What will be done to ensure the death of the animal?

- Bilateral Thoracotomy  Exsanguination

- Decapitation

Method:

- Other

Specify:

## Animal Numbers

Provide justification for the increase including a statistical justification, if appropriate.

Currently approved number of animals:

Number of additional animals being requested:

New total quantity, if approved:

PI Signature



# IACUC Amendment Documentation of Review

**This page is for IACUC Administrative Use Only**

Sent for review on:

Review end date:

Responding Committee Members

Committee Member	Determination	Comments

**IACUC Chair Signature**

**IACUC Coordinator Signature**