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| --- |
| **FOR FLORIDA INSTITUTE OF TECHNOLOGY IACUC USE ONLY** |
| IACUC Number |  | Project Keywords |  |
| Receipt Date |  | Review  |  [ ]  FCR |  |
| Approval Date |  |  |  [ ]  DMR |  |
|  |  | Chair/Designee Signature: |  |

**ANIMAL PROTOCOL AMENDMENT FORM**

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

Florida Institute of Technology

150 West University Blvd., Melbourne FL 32901

iacuc@fit.edu

|  |  |
| --- | --- |
| Principal Investigator: | Click here to enter text. |
| Protocol Title: | Click here to enter text. |

|  |
| --- |
| **Proposed modifications included changes in:** *(Check all that apply; then complete only those sections of the application.)* |
| [ ]  Study Objectives  |
| [ ]  Animal Subjects: | [ ]  Species | [ ]  Numbers |
| [ ]  Surgical Procedures, including changes between survival and nonsurvival  |
| [ ]  Anesthetic/Analgesic Regime  | [Note: If you experience issues with entering text, click in the right margin outside the horizontal plane of any check boxes. For form compatibility issues, email iacuc@fit.edu] |
| [ ]  Animal Monitoring or Humane Endpoints |
| [ ]  Euthanasia Method |
| [ ]  Special Hazards |
| [ ]  Other Activity: Click here to enter text. |

**DESCRIPTION OF PROPOSED CHANGES in NONTECHNICAL TERMS** *(Describe in lay terms so it can be understood by the general public (non-technical, high school level language). Include the species and new types of activities that will be done with animals. Limit to 250 words).*

|  |
| --- |
| Click here to enter text. |

*Note: IACUC may request that a new protocol application be submitted instead of this form if the number or magnitude of proposed changes are deemed substantial or if numerous previous significant amendments have been made.*

**1. CHANGE IN STUDY OBJECTIVES** *(Describe rationale for changes, explain how new objectives relate to the purpose of the study as described in the approved protocol).*

|  |
| --- |
| Click here to enter text. |

**2. CHANGE IN ANIMAL SPECIES or NUMBER OF ANIMALS** *(Increases greater than 20% of original approved number of animals require this form).*

|  |  |  |
| --- | --- | --- |
| # to Add | # to Remove | Species Name(s) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Justification for Additional Species or Change in Species:**

|  |
| --- |
| Click here to enter text. |

**Justification for Additional Animals:**

|  |
| --- |
| Click here to enter text. |

**3. CHANGE IN SURGICAL PROCEDURES**

**a. Describe proposed changes in *non-survival* surgical procedures in detail:**

|  |
| --- |
| Click here to enter text. |

**b. Describe proposed changes in *survival* surgical procedures in detail:**

|  |
| --- |
| Click here to enter text. |

**c. Describe proposed changes in multiple major survival surgical procedures in detail:**

|  |
| --- |
| Click here to enter text. |

**d. If proposing to ADD multiple major survival surgeries (not previously approved), provide strong scientific justification:**

|  |
| --- |
| Click here to enter text. |

**e. For all surgery categories above:**

|  |  |  |
| --- | --- | --- |
|  | As described in the approved protocol | Modified, as described in #7 |
| Post-surgical Monitoring will be: | [ ]  | [ ]  |
| Humane Endpoints will be: | [ ]  | [ ]  |

**4. CHANGE IN PROCEDURES (non-surgical)** *(This includes changes in duration, intensity, frequency, degree of invasiveness or other features of a non-surgical procedure done using animals).*

**a. Describe proposed changes in procedures in detail:**

|  |
| --- |
| Click here to enter text. |

**b. For new procedures:**

|  |  |  |
| --- | --- | --- |
|  | As described in the approved protocol | Modified, as described in #7 |
| Humane Endpoints will be: | [ ]  | [ ]  |

**5. CHANGE IN PAIN/DISTRESS LEVELS** *(List only new (added) animals if the proposed changes do not affect the status of other animals listed in the original protocol. If changes move/add animals into Category D or E, number 5b* *& c must be completed).*

**a.**

|  |  |  |  |
| --- | --- | --- | --- |
| Species Name | # of Category C | # of Category D | # of Category E |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**b. If animals are listed in Category E, provided strong scientific justification:**

|  |
| --- |
| Click here to enter text. |

**c. UPDATED Search for Alternatives** *(Federal regulations require the considerations of alternatives to procedures that cause more than momentary or slight pain or distress, and a narrative description of the methods and sources used to determine that alternatives are not available.) For example:*

“I have considered alternatives to the use of (*identify the painful procedure*) and have found none that are available. The database(s) searched included a (*list the date of the search*) search of (*list databases*) for the years (*list the range of years searched*) of the words (*list the key words searched*)”.

|  |
| --- |
| Click here to enter text. |

6. **CHANGE IN ANESTHESIA/ANALGESIA REGIMEN**

**a. Anesthesia**

|  |  |  |  |
| --- | --- | --- | --- |
| Species Name | Agent Name | Dose (mg/kg or % concentration) | Route of Administration |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Reason for change: Click here to enter text. |

**b. Analgesia/Sedation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species Name | Agent Name | Dose (mg/kg or % concentration) | Route of Administration | Frequency of Administration |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Reason for change: Click here to enter text. |

If changes involve withholding analgesia until after surgical procedures, provide scientific justification:

|  |
| --- |
| Click here to enter text. |

**7. CHANGE IN ANIMAL MONITORING and/or HUMANE ENDPOINTS**

**a. Describe changes in post-procedural care and monitoring:**

|  |
| --- |
| Click here to enter text. |

**b. Indicate changes in humane endpoints used to terminate animals to avoid unnecessary pain/distress:**

|  |  |
| --- | --- |
| [ ]  Moderate to severe clinical signs of pain and distress that is unalleviated by appropriate analgesics | [ ]  Infection not resolved with antimicrobial therapy |
| [ ]  Anorexia (inability to eat or drink) | [ ]  Diarrhea |
| [ ]  Emaciation (weight loss > 20% of normal weight) | [ ]  Moribund (lack of righting reflex) |
| [ ]  Mutilation of operative site | [ ]  Cyanotic, difficulty breathing |
| [ ]  Depression/lethargy > 48 hours | [ ]  CNS signs (seizures, circling) |
| [ ]  Non-weight bearing/paralysis | [ ]  Hypothermia |
| [ ]  Other (describe):Click here to enter text. |

**If humane endpoints are NOT used, provide scientific justification:**

|  |
| --- |
| Click here to enter text. |

**8. CHANGE IN EUTHANASIA METHOD**

**a. Recommended methods consistent with American Veterinary Medical Association Guidelines**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary Method** |  | **List Species** | **Secondary Method (for use with CO2)** |  | **List Species** |
| [ ]  CO2 exposure | Click here to enter text. | [ ]  Decapitation | Click here to enter text. |
| [ ]  Overdose w/anesthetic | Click here to enter text. | [ ]  Opening thorax | Click here to enter text. |
| [ ]  Cervical dislocation under anesthesia | Click here to enter text. | [ ]  Cervical dislocation | Click here to enter text. |

**Anesthetics used for/during euthanasia:**

|  |  |  |  |
| --- | --- | --- | --- |
| Species Name | Agent Name | Dose (mg/kg or % concentration) | Route of Administration |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**b. NON-Recommended methods**

|  |
| --- |
| [ ]  Decapitation without anesthesia |
| [ ]  Cervical dislocation under anesthesia |

**Provide scientific justification for deviation from AVMA recommended euthanasia methods:**

|  |
| --- |
| Click here to enter text. |

**9. CHANGE IN SPECIAL HAZARDS**

**a. ALL PROTOCOL SUBMISSIONS ARE SUBJECT TO REVIEW BY FIT ENVIRONMENTAL HEALTH & SAFETY (EH&S) UNLESS THE SUBMISSION INCLUDES DOCUMENTATION OF COMMUNICATION WITH FIT EH&S FOR PROVISION OF A SAFE WORKING ENVIRONMENT AND/OR USE OF HAZARDOUS/REGULATED MATERIALS.** Attach communication (email) from FIT EH&S indicating approval or active development of procedures related to safe working environments and use of hazardous/regulated materials.

**b. Changes related to:**

|  |
| --- |
| [ ]  Biological (infectious agents, tumor cells, viral agents, recombinant DNA, etc.) |
| [ ]  Chemical (toxins, carcinogens, controlled substances, etc.) |
| **Describe proposed changes in detail:** |
| Click here to enter text. |

**10. OTHER SIGNIFICANT CHANGES IN ANIMAL ACTIVITY:**

|  |
| --- |
| Click here to enter text. |

**11. PERSONNEL CHANGES:**

|  |  |
| --- | --- |
| **Name(s):**Click here to enter text. | **Training:**Click here to enter text. |

The information I have supplied above is an accurate description of all procedures involving live animals in this project. I certify that the individuals approved to work on this project are authorized to conduct animal procedure involving animals under this proposal, have attended the required institutional training and have the requisite training in: the biology, handling, and care of the species; aseptic surgical methods and techniques (if applicable); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if applicable); and procedures for reporting animal welfare concerns. I certify that I am familiar with and will comply with all pertinent institutional, local, state, and federal rules and policies.

|  |  |
| --- | --- |
|  |  |
| **Signature of Principal Investigator** | **Date** |