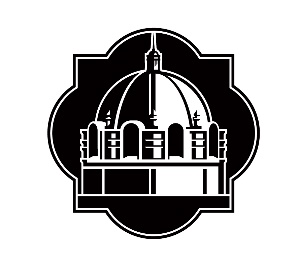
|  |
| --- |
| **IACUC OFFICE USE ONLY** Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project# \_\_\_\_\_\_\_\_\_\_  Approval Date \_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date \_\_\_\_\_\_\_\_\_\_\_ |

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Texas A&M University-San Antonio

Institutional Animal Care and Use Committee

**Animal Use Protocol Amendment**

(*please type*)

**PROJECT NUMBER:** Enter Project Number

**ORIGINAL APPROVAL DATE:** Enter Original Approval Date

**DEPARTMENT:** Enter Department

**ANIMAL LAB AREAS:** Enter Animal Lab Areas

**INVESTIGATOR:** Investigator

**PHONE: Lab**: Lab Number **Office:** Office Number **Emergency:** Emergency Number

**PROJECT TITLE:** Enter Project Title

**TODAY'S DATE**: Enter Date

F**UNDING AGENCY:** Enter Funding Agency

Nature of request:

**1. New or additional title and/or funding agency?** Yes No

If yes, provide title and/or name of agency: Enter Title/Agency

**2. Inactivate project?** Yes No  (no description or justification needed)

**3. Increase in maxed housed?** Yes No

If yes, what is the new maximum? : Enter new maximum

**4. Additional animals?** Yes No

If yes: Name of Species: Field

If yes: Numbers: Field

|  |  |  |  |
| --- | --- | --- | --- |
|  | **This Year** | **Subsequent Years** | **Category (B-E)\*** |
| **(i) Currently approved:** |  |  |  |
| **(ii) Additional animals proposed:** |  |  |  |
| **(iii) New project totals:** |  |  |  |

\* if Category D or E, attach justification.

**5. Request for additional procedures.** Yes No

**6. Change in currently approved procedure.** Yes No

**7. Request for deletion or change in animal species.** Yes No

\*Attach on separate sheets a detailed description of all requested changes. You should explain why you are requesting the change and detail your objectives and experimental approach. Identify changes in USDA category, species or strains, numbers of animals, treatments, surgical procedures, anesthesia and euthanasia. If new species are to be used, provide documentation of new species-specific training.

**8. Changes in personnel?** Yes  No

If **yes**, please describe below:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME (degree)** | **ROLE/TITLE** | **ADDITION** | **DELETION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*For new personnel, provide documentation of species-specific training

|  |  |
| --- | --- |
|  | |
| Signature of Investigator | Date |

**IACUC OFFICE USE ONLY**

APPROVAL:

IACUC Chairman  Administrative  Full Committee