

IACUC PROTOCOL AMENDMENT
APPALACHIAN STATE UNIVERSITY

DATE_____

PROTOCOL #_____

Please complete as needed and return to IACUC@appstate.edu (submit button above) or Lisa Bingham, ORSP 325 JET Building. Use additional space if necessary.

- What is the purpose or rational for the protocol amendment?

- Is there a personnel change with the protocol? YES NO
If so, please explain, including education, training, and experience of the investigators. **NOTE: All additional PI's should sign Protocol Amendment.**

- Will the species, sex, or strain of the animal change? YES NO
If so, please explain.

- Will more animals be needed? YES NO
If so, please provide justification for increased number.
NOTE: if the increase number is more than 10%, a new application must be submitted.

- Will additional minor surgical procedures or sampling of of body fluid or tissues occur? YES NO
If so, please explain.

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| • Are animals expected to experience more clinical illness, pain, or distress as a result of the procedures proposed in this amendment <i>than in the original protocol</i> ? Are there alternatives to the use of animals in painful procedures? How will any pain or distress from this new procedure be minimized? | YES | NO |
| • Will there be any new procedures involving the animals? If so, please explain in detail. | YES | NO |
| • Will there be a change in the methods of anesthesia, analgesia, or euthanasia? If so, please explain. | YES | NO |
| • Will the surgical plans change (minor to major, multiple survival surgery, additional procedures)? If so, please explain. | YES | NO |

PI SIGNATURES: _____

IACUC APPROVAL: _____

DATE: _____