**University of Delaware**

**Institutional Animal Care and Use Committee**

**Request to Amend An Animal Use Protocol**

**AMENDMENT TO ADD/DELETE PERSONNEL**

(Personnel can be Added/Deleted to multiple protocols)

|  |  |
| --- | --- |
| **Title of Protocol(s):** Click here to enter text. | |
| **AUP Number(s):** Click here to enter text. | **🡨 (4 digits only)** |
| **Principal Investigator:** Click here to enter text. | |
| **Common Name:**  Click here to enter text.  **Genus Species:**  Click here to enter text. | |
| **Pain Category:*****(please mark one)***   |  |  | | --- | --- | | **USDA PAIN CATEGORY: *(Note change of categories from previous form)*** | | | **Category** | **Description** | | **B** | Breeding or holding where NO research is conducted | | **C** | Procedure involving momentary or no pain or distress | | **D** | Procedure where pain or distress is alleviated by appropriate means (analgesics, tranquilizers, euthanasia etc.) | | **E** | Procedure where pain or distress cannot be alleviated, as this would adversely affect the procedures, results or interpretation | | |
| IACUC approval of major changes to an animal protocol must be  reviewed and approved prior to initiating the work. | |

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| **Official Use Only**  IACUC Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Principal Investigator Assurance**

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| --- | --- |
| 1. I agree to abide by all applicable federal, state, and local laws and regulations, and UD policies and procedures. | |
| 1. I understand that deviations from an approved protocol or violations of applicable policies, guidelines, or laws could result in immediate suspension of the protocol and may be reportable to the Office of Laboratory Animal Welfare (OLAW). | |
| 1. I understand that the Attending Veterinarian or his/her designee must be consulted in the planning of any research or procedural changes that may cause more than momentary or slight pain or distress to the animals. | |
| 1. I declare that all experiments involving live animals will be performed under my supervision or that of another qualified scientist listed on this AUP. All listed personnel will be trained and certified in the proper humane methods of animal care and use prior to conducting experimentation. | |
| 1. I understand that emergency veterinary care will be administered to animals showing evidence of discomfort, ailment, or illness. | |
| 1. I declare that the information provided in this application is accurate to the best of my knowledge. If this project is funded by an extramural source, I certify that this application accurately reflects all currently planned procedures involving animals described in the proposal to the funding agency. | |
| 1. I assure that any modifications to the protocol will be submitted to the UD-IACUC and I understand that they must be approved by the IACUC prior to initiation of such changes. | |
| 1. I understand that the approval of this project is for a maximum of one year from the date of UD-IACUC approval and that I must re-apply to continue the project beyond that period. | |
| 1. I understand that any unanticipated adverse events, morbidity, or mortality must be reported to the UD-IACUC immediately. | |
| 1. I assure that the experimental design has been developed with **consideration of the three Rs: reduction, refinement, and replacement, to reduce animal pain and/or distress and the number of animals used in the laboratory.** | |
| 1. I assure that the proposed research does not unnecessarily duplicate previous experiments. *(Teaching Protocols Exempt)* | |
| 1. I understand that by signing, I agree to these assurances.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Investigator Date | |
| **Signature(s) of All Persons BEING ADDED TO This Protocol**  I certify that I have read this protocol, accept my responsibility and will  perform only the procedures that have been approved by the IACUC.   |  |  | | --- | --- | | **Name** | **Signature** | | 1. Click here to enter text. |  | | 2. Click here to enter text. |  | | 3. Click here to enter text. |  | | 4. Click here to enter text. |  | | 5. Click here to enter text. |  | | 6. Click here to enter text. |  | | 7. Click here to enter text. |  | | 8. Click here to enter text. |  | | 9. Click here to enter text. |  | | 10. Click here to enter text. |  | | 11. Click here to enter text. |  | | 12. Click here to enter text. |  | | 13. Click here to enter text. |  | | 14. Click here to enter text. |  | | 15. Click here to enter text. |  | | |

Please complete the table below and state whether the personnel have received animal facility training. (Include specific details of type of work and the number of years’ experience with proposed species. Indicate status: Post-Doc, Ph.D., Graduate, Undergraduate, Student, Technician, etc. If no experience, list who will train.)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Home**  **Phone Number** | | **Office**  **Phone Number** | | **Received Animal Facility Training** | | |
|  |  | |  | | **Yes** | | **No** |
| 1. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |
| 2. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |
| 3. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |
| 4. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |
| 5. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |
| 6. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |
| 7. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |
| 8. 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. |
| Status: Click here to enter text.  Qualifications: Click here to enter text.  Responsibilities: Click here to enter text. | | | | | | | |

**Project Personnel Deletions:**

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| --- | --- |
| **Name** | **Effective Date** |
| 1. Click here to enter text. | Click here to enter text. |
| 2. Click here to enter text. | Click here to enter text. |
| 3. Click here to enter text. | Click here to enter text. |
| 4. Click here to enter text. | Click here to enter text. |
| 5. Click here to enter text. | Click here to enter text. |