VANEOHS INSTITUTIONAL ANIMAL CARE & USE COMMITTEE

CHANGE IN ACORP ACTIVITY

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Please submit the completed form to Karen Day, IACUC Coordinator. [Karen.Day2@va.gov](mailto:Karen.Day2@va.gov)

|  |  |  |  |
| --- | --- | --- | --- |
| **PI**: |  | **Email:** | **Protocol#**: |
|  | | | |
| **Protocol Title**:  **TO BE FILLED OUT BY IACUC ADMINISTRATION**  **Minor change to Protocol-** to be approved by Chair and/or a veterinarian, if needed, with notification to the IACUC  **Significant change to Protocol-** to be approved by IACUC committee via designated review or full committee review.  **Significant change to Protocol-** to be approved Veterinary Verification and Consultation.  **Note-** The modifications on this form cannot be performed until approval notification from the IACUC has been received. | | | |
|  | | | | |
|  | | | | |

I request an amendment to the animal use protocol for the above project by additions, deletions or changes in: (*check all that apply*): ***\*\*Must include updated appendices from your ACORP if applicable. \*\*\*Must include alternatives search information for newly added Pain Class D and E procedures.***

Animal number, strain and/or gender

Non-surgical animal procedures- change in procedure or location\*\*

Surgery- change in location, change in intra operative or post-operative procedures\*\*

Animal care procedures\*\*, \*\*\*

Personnel

Collection of tissue after euthanasia

Other- Please specify:

Signature:

|  |  |
| --- | --- |
| Principal Investigator | Date |

*Boxes will expand with text entry*

1. **Change in animal strain, number or gender.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Add | | Delete | Strain | Gender | Pain Category | Number to be added |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

Justification for added strain or gender, and identification of strain not specified above:

|  |
| --- |
|  |

Justification for additional animals, including experimental groups and the basis for group sizes

|  |
| --- |
|  |

1. **Change in location for approved animal activity.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Add | Delete | Building | Room | Procedure | Species involved |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Justification/Reason for the change in location.

|  |
| --- |
|  |

1. **Change in non-surgical procedure for approved animal activity.** \*\***Attach modified ACORP Appendix if appropriate. See #6 below**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Add | | Delete | Procedure | Monitoring during and after procedure | Person’s responsible for monitoring | Method by which pain or distress will be alleviated during or after procedure |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

Justification/Reason for the change in procedure.

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| --- |
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For potentially hazardous substances, e.g. radioisotopes, hazardous chemicals, infectious agents, recombinant DNA (including, use or generation of transgenic animals). Attach the appropriate modified Appendix (3) from the ACORP and complete an amended research safety survey ([http://www.cleveland.med.va.gov/res/rpss.htm](http://vaww.cleveland.med.va.gov/research/rpss.htm)) and submit along with the amendment.

If drugs are to be added please fill in table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Add | | Delete | Drug | Dose and Route | Controlled substance | Pharmaceutical grade |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

1. **Change in intra-operative or post-operative treatment or surgical procedure.**

Add treatment or procedure, described in detail, below:

|  |
| --- |
|  |

Delete previously approved treatment or procedure below:

|  |
| --- |
|  |

Justification/Reason for the change in intra-operative treatment or procedure:

|  |
| --- |
|  |

If drugs are to be added please fill in table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Add | | Delete | Drug | Dose and Route | Controlledsubstance | Pharmaceuticalgrade |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

\*\*A**ttached modified ACORP Appendix if appropriate**

1. **Describe and justify change in animal care procedure:**

1. **Change in personnel or personnel roles.**

**Addition or Deletion of personnel:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Add | | Delete | | Name | Animal handling role in project |
|  |  | |  | |  |
|  |  | |  | |  |

For new personnel attach their CVs or resumes and describe their qualifications. In detail, explain how they will be trained to perform animal procedures applicable to this protocol. *Reminder: If new personnel are added to a protocol, they must complete new employee forms, CITI Training and safety training before they can participate in this protocol.* *Provide a copy of the protocol to all new study personnel and maintain documentation of training. If personnel are working at CCF or CWRU, all applicable training must be completed and documentation included with the amendment.* ***New study personnel cannot be added to the ACORP until all training has been completed.***

1. Qualifications:
2. List of procedures and training:
3. IACUC USE ONLY-

Mandatory IACUC training

|  |  |
| --- | --- |
| TRAINING | DATE COMPLETED |
| Safety Training |  |
| Citiprogram Training |  |
| Hands-on Training |  |
| OHSP Enrollment |  |

**Change in animal handling role for existing personnel**: **\*\* To be used when submitting a new procedure amendment for all applicable study personnel.**

|  |  |
| --- | --- |
| Name | New or additional animal handling role in project |
|  |  |
|  |  |

Describe training for new techniques (including injections, surgery, tattooing, etc) for EACH person listed above.

**7. Collection of tissue from euthanized animal - List tissue type(s):**

|  |  |
| --- | --- |
| Species/Strain | Tissue to be Harvested: |
|  |  |

Principal Investigator, ACORP number & title that tissue harvest will be obtained from:

1. **Consideration of Alternatives and Prevention of Unnecessary Duplication.** These are important to minimizing the harm/benefit to be derived from the work.\*\*To be used when submitting a new procedure amendment.
   1. Document the database searches conducted.

List each new potentially painful or distressing procedure.

►

Complete the table below to document how the database search(es) you conduct to answer Items 8a through 8e) below address(es) each of the potentially painful or distressing procedures.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the database | Date of search | Period of years covered by the search | Potentially painful or distressing procedures addressed | Key words and/or search strategy used | Indicate which mandate each search addressed | | | |
| Replacement of animals (item W.2) | Reduction in numbers of animals used (item W.3) | Refinement to minimize  pain or distress (item W.4) | Lack of unnecessary duplication (item W.5) |
|  |  |  |  |  | ( ) | ( ) | ( ) | ( ) |
|  |  |  |  |  | ( ) | ( ) | ( ) | ( ) |
|  |  |  |  |  | ( ) | ( ) | ( ) | ( ) |
|  |  |  |  |  | ( ) | ( ) | ( ) | ( ) |

1. Replacement. Describe the replacements that have been incorporated into this work, the replacements that have been considered but cannot be used, and the reason(s) that further replacements are not acceptable.

►

1. Reduction. Describe how the number of animals to be used has been minimized in this protocol and explain why further reduction would disproportionately compromise the value of the data.

►

1. Refinement. Describe the refinements that have been incorporated into this work and explain why no further refinements are feasible.

►

1. Describe how it was determined that the proposed work does not unnecessarily duplicate work already documented in the literature.

►

1. **Describe and justify any changes other than those specified in this form:**

**Approval** IACUC USE ONLY

This amendment was administratively approved on \_\_\_\_\_.

This amendment was approved by the IACUC by designated review on \_\_\_\_\_.

This amendment was authorized for IACUC approval by the Veterinary Verification and Consultation (VVC) process on \_\_\_\_\_.

Chairperson Date

OR

Veterinarian Date