



Office of Research and Sponsored Programs
Sam Houston State University
903 Bowers Blvd, PO Box 2448
Huntsville, TX 77341
Phone: 936.294.3621
Fax: 936.294.3622

**SAM HOUSTON STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
PROTOCOL AMENDMENT FORM**

INSTRUCTIONS

The accompanying form is to be used to amend a currently approved animal protocol.

Provide as much detail as necessary for the Institutional Animal Care and Use Committee to evaluate the proposed amendment.

The type of amendment will determine the signatures required. The required signatures may be put next to the amendment indicating their approval or on the signature page.

Please contact the IACUC office at 294-4875 or iacuc@shsu.edu if you have questions.

IMPORTANT: Please do not submit this instructions page with your Amendment request; only submit pages 3-5 to the IACUC office (THO #303A). The Amendment requires signatures from the PI, the PI's Department Chair, and the Animal Facility Manager (NOTE: this may also be the PI). The IACUC Administrator will obtain the other necessary signatures upon approval of the Amendment request.

Amendment types

1) Personnel

- a) List new personnel, and indicate whether any is a graduate student using the research for his/her dissertation or thesis.
- b) Indicate the procedures each person will be performing.
- c) Complete a training record for each new person and submit the record with the amendment form.
- d) Only P.I. signature is required.

2) Funding source

- a) list new funding source(s)
- b) P.I. and Department Head signatures are required.

3) Animal species

- a) List the animal species and provide a justification for the new species.



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- b) **P.I., Facility Manager, and Attending Veterinarian signatures are required.**
- 4) **Animal numbers**
 - a) **List the change in animal numbers and provide a complete justification for the change.**
 - b) **P.I., Facility Manager, and Attending Veterinarian signature are required.**
- 5) **Animal procedures**
 - a) **Describe the change in procedures. Identify the pain category and the personnel performing the procedures and provide details about each person's training to perform the procedures.**
 - b) **P.I. and Attending Veterinarian signatures are required.**
- 6) **Pain relieving procedures**
 - a) **Describe the changes in pain relieving procedures including drug type, dosage, frequency, and a justification for the change.**
 - b) **P.I. and Attending Veterinarian signature are required.**
- 7) **Euthanasia method**
 - a) **List the method and provide a justification.**
 - b) **P.I. and Attending Veterinarian signature are required.**
- 8) **Animal disposal**
 - a) **Describe the method.**
 - b) **PI's signature is required. If hazardous agents are involved, then Safety Office signature is required.**
- 9) **Animal husbandry**
 - a) **Describe changes and provide justification as needed.**
 - b) **P.I., Facility Manager, and Attending Veterinarian signature are required.**
- 10) **Veterinary care**
 - a) **Describe changes and provide justification.**
 - b) **P.I. and Attending Veterinarian signatures are required.**
- 11) **Hazardous agent use**
 - a) **Describe agent and use, provide justification, and obtain written approval from Safety office.**
 - b) **P.I., Facility Manager, Attending Veterinarian, and Safety Office signatures are required.**
- 12) **Other**
 - a) **Describe other changes and obtain signatures as needed.**



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**SAM HOUSTON STATE UNIVERSITY
Institutional Animal Care and Use Committee
ANIMAL PROTOCOL AMENDMENT FORM**

Applicant name:

Department:

Campus Phone:

Campus Email:

Protocol Number:

Protocol Title:

If applicant is a student, complete the following information:

Supervisor Name:

Supervisor Phone:

Supervisor Email:

Amendment Type (Check all that apply):

Addition /Deletion of Personnel*

Change in Funding Source

Change in Animal Numbers

Change in Animal Species

Change in Animal Procedures

Change in Pain Relieving Procedures

Change in Animal Disposal

Change in Euthanasia Method

Change in Veterinary Care

Change in Animal Husbandry

Change in Hazardous Agent Use

Other Changes

***Completion of item #2 below is required when requesting this amendment.**

1. In the details box below, please indicate the Amendment Type(s) and describe each amendment in detail as specified in the instructions. If requesting deletion of personnel, please provide the list of persons no longer associated with this protocol in the details box below.



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2. **Experience and Training:** Using the table below, please provide information below for personnel being **added** to the protocol:

Name:	CITI Working with the IACUC Training Completion Date:	CITI Species Specific Training Completion Date:

(NOTE: If there are additional co-investigators or research personnel please attach a Microsoft Word document with the relevant information for each.)

a. Please indicate if any above listed personnel represent a change of Principal Investigator or Course Leader:

- Yes
- No

b. Please describe the procedures the new personnel will perform in the study:

c. Please describe training of any new personnel who do not have adequate experience with the procedures and species to be used, and indicate who will train them and assess their competency in performing the procedures with minimal or no supervision:

The above description accurately describes the changes to the above referenced Protocol. I agree that I will not initiate the above changes until I have received written approval from the Institutional Animal Care and Use Committee.

P.I. Signature

Date



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ADDITIONAL SIGNATURE PAGE

Signature indicates that the amendment has been reviewed and approved by
the appropriate personnel

Protocol Number _____

Attending Veterinarian Name

Attending Veterinarian Signature

Date

Facility Manager Name

Facility Manager Signature

Date

Department Head Name

Department Signature

Date

Safety Office Name

Safety Office Signature

Date

Or attach a letter from the appropriate personnel in the Safety Office.