**The University of North Carolina at Pembroke**

**Institutional Animal Care and Use Committee**

**minor administrative change to protocol Form**

Use this form to request a minor amendment to your currently approved animal use protocol. Complete the summary information below and any applicable changes. Sign and submit this form to the Chair of the IACUC.

**Protocol Summary**

Protocol Number:

Protocol Title:

Principal Investigator(s):

Contact Phone and Email:

**Protocol Amendment Request(s)**

Indicate below the changes you are requesting to make to the above-listed protocol, and provide all required information for each applicable change.

Personnel – addition or removal other than Principal Investigator Yes / No

Funding agency Yes / No

Location of procedures and/or housing Yes / No

Protocol or grant title Yes / No

1. PERSONNEL: List below the person or persons to be added or deleted from the approved protocol. For new personnel, please complete the table(s) below for each new person. NOTE: *all new personnel are required to complete all required forms for working with animals*. *Copy and paste new tables for additions above 2 personnel below.*

Personnel added:

Personnel removed:

|  |  |  |
| --- | --- | --- |
| Name (last, first, MI) | Status (Title)(i.e., research coordinator, student researcher) | Role on Project |
|  |  | Supervisor / Researcher |
| a. Describe **procedures to be performed** by this person: |
|  |
| b. Describe **type and extent of experience** person has had with the species / procedures to be used: |
|  |
| c. Describe how this person has been or will be trained, and by whom: |
|  |
| d. List date and source of most recent IACUC training: |
|  |

|  |  |  |
| --- | --- | --- |
| Name (last, first, MI) | Status (Title)(i.e., research coordinator, student researcher) | Role on Project |
|  |  | Supervisor / Researcher |
| a. Describe **procedures to be performed** by this person: |
|  |
| b. Describe **type and extent of experience** person has had with the species / procedures to be used: |
|  |
| c. Describe how this person has been or will be trained, and by whom: |
|  |
| d. List date and source of most recent IACUC training: |
|  |

2. LOCATION OF PROCEDURES / HOUSING. If your lab has moved to another building / room or if you will be performing approved procedures in a new location not mentioned in the original submission, complete the following chart. If the proposed housing is not already defined as an animal housing facility according to UNCP’s OLAW assurance, contact the Chair of the IACUC.

|  |  |  |
| --- | --- | --- |
| Procedures | Building | Room No. |
|  |  |  |
|  |  |  |
|  |  |  |

3. FUNDING AGENCY:

4. Protocol or grant title:

Old Title:

New Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

IACUC Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: