REQUEST FOR CHANGE
Cover Page

Instructions: A change includes any difference in the approved protocol, i.e., title, investigator and technician responsibilities/qualifications/experience; purpose of the study; potential value of the study; justification of the number of animals requested; preparative regimen; pain control during procedures; procedures; postprocedure monitoring; postprocedure analgesic agents; postprocedure antibiotic agents; site of animal housing; site of study; restraints; method of euthanasia.

This cover page requests identifying information and must be submitted for all requests for change. The attached documents (one, two, and three) should be completed and submitted with the cover page as applicable. The information should be typed.

IDENTIFYING INFORMATION

IACUC#: ____________ Title of Protocol: __________________________________________
______________________________________________________________________________
______________________________________________________________________________
Principal Investigator: ___________________________________________________________
Department: __________________________ Campus Zip: ________ Phone: _____________
Email Address: __________________________
Person preparing this document if other than PI: ______________________________________

Indicate below which documents are attached to this cover page:

_____ Document One - Change in Study Title

_____ Document Two - Change in Study Personnel

_____ Document Three - Change in Protocol (Add additional pages as needed.)

Investigator Certification

Signature certifies that the proposed changes are necessary for either scientific, animal welfare or grant application reasons in order to continue the research project and verifies authorization by principal investigator to change study protocol.

Signature of Principal Investigator ___________________________ Date __________

IACUC CHANGE (Revised 01/06)
The title of your approved IACUC application can be changed (additions or deletions made) for any reason, but changes in title are not required by either Sponsored Programs or the IACUC. If there are other changes in the protocol, you must also complete Documents Two and Three, as applicable.

A. List Titles to be Added:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

B. List Titles to be Deleted:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
DOCUMENT TWO - CHANGE IN STUDY PERSONNEL

All individuals who will perform procedures involving live animals must be knowledgeable about the biology of the species and strains used and must be fully qualified by training and experience to carry out the surgical and non-surgical procedures assigned to him or her as described in the IACUC application and any amendments, such procedures including the preparative regimen, pain control, postprocedure monitoring and euthanasia. Individuals who lack the requisite qualifications must receive appropriate training before this request can be approved and before they interact with the animals.

A. List Personnel to Be Added:

* Training Required. All personnel who are listed on an approved, active protocol and have contact with animals are required to complete IACUC online training. In addition, all personnel performing procedures on or handling live animals are required to complete and submit to Comparative Medicine a personnel qualifications questionnaire and to complete additional training appropriate for their roles in the project and for the species being studied. Viewing of the Occupational Health and Safety Video is also required. Please consult the IACUC webpage for information about online training or contact Comparative Medicine (#94034) if any personnel listed here have not completed the required training. If the person will not have contact with animals, then check the NAC box above. Do not submit a request to add personnel until training has been completed. It will be returned to you unprocessed.

B. List Personnel to Be Deleted (PI should ensure that responsibilities of these personnel are covered by remaining or added personnel):

C. Please submit of a revised Section III.24 of the IACUC application that incorporates the addition/deletion in personnel described above. This method will provide one listing of all staff currently authorized on this protocol.
DOCUMENT THREE - CHANGE IN PROTOCOL

Per requirements of the PHS, USDA and UNMC/UNO policies, changes in approved research protocols that potentially affect live animals cannot be initiated without IACUC review and approval. However, under exceptional circumstances involving acute pain or distress that present an immediate health hazard, or when interventions/changes are required to immediately prevent an adverse event, or when circumstances require immediate medical treatment of an animal, changes may be initiated without prior approval. Whenever possible Comparative Medicine (CM) should be contacted prior to initiating such changes. If circumstances prevent you from notifying CM prior to the change, you should notify them as soon as possible. Any changes implemented under these exceptions will still require subsequent review and approval by the IACUC at the earliest opportunity.

Submission of a revised IACUC application that incorporates the changes described below in all appropriate Sections (III.1-24) is recommended. This method ensures one, complete, up-to-date document for continuing review, USDA inspections, AAALAC inspections, etc.

A. Description of Change. Provide a description of each proposed change in protocol, and state the rationale for each change.

B. Estimation of Potential Postprocedure Pain, Discomfort, Distress or Morbidity. If a new or revised procedure will potentially cause more than momentary pain, discomfort, distress or morbidity, estimate the magnitude and duration of any adverse effects the animals may experience during the postprocedure period. If animals will suffer no adverse effects or if those expected are unchanged from the original protocol, this should be stated. Not applicable (NA) is not an appropriate response.
C. **Change in Species or Strain.** Does this change involve a change, addition or deletion in the species or strain of animal from that specified in the original protocol?  □ Yes  □ No

If so, specify
species/strain added?
If so, specify
species/strain deleted?

D. **Are you requesting additional animals?**  □ Yes  □ No

If so, please fill in the table below.

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<th>Species/Strain</th>
<th>Number Additional</th>
<th>Gender</th>
<th>Age/Weight</th>
<th>Vendor</th>
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