**** **Institutional Animal Care and Use Committee (IACUC)**

**Request for Modification of Protocol for Animal Use in Research in a Campus Facility**

Submit this form with any applicable supplemental forms to eiuiacuc@eiu.edu

|  |  |  |
| --- | --- | --- |
| [ ]  Check this box if there is a change in PI | Original Protocol Number: |  |
| **Project Information** |
| Title of Project: |
|  |
| **Principal Investigator (Note - PI must be a faculty member)** |
| Name: |  | e-mail:  |  |
| Department: |  | Phone:  |  |
| Contact Phone Number in the Event of a Disaster: |  |
| Have PI Duties / Responsibilities changed? |
| [ ]  No [ ]  Yes – describe change(s) in detail below: |

|  |
| --- |
| **Animal Personnel** |
| Has there been a change in personnel involved in the protocol? |
| [ ]  No [ ]  Yes – complete and submit [**Animal Personnel Supplemental Form**](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5CField%5CProposed%20Animal%20Personnel%20Supplemental%20Form.docx) |
| **Research Location** |
| Will the setting or location for research change? |
|  |
| Will the living conditions (e.g. enclosure type, items in the enclosure, heat and lighting, number of animals in the enclosure, food) change significantly? |
| [ ]  No [ ]  Yes – describe change(s) in detail below: |

**ANIMAL REQUIREMENTS**

Indicate any changes to species which will be used in this protocol. Use the [Campus Research Supplemental Form: Species List](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5COn%20Campus%5CProposed%20Campus%20Research%20Supplemental%20Species%20List.docx) as needed. A [Care Sheet](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5COn%20Campus%5CProposed%20Animal%20Care%20Sheet.docx) must be provided for each species listed in this table.

**Use of pain classification E requires written justification in supplemental form:** [**Pain or Distress Classification D & E**](Proposed%20Pain%20Classification%20D%20or%20E.docx)**.** See [Appendix 1](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.doc) for more information regarding Pain Classification

|  |
| --- |
| **Animal Usage:** |
| Common Name: |  | Number of animals to be used each project year: |
| Scientific Name: |  | Year 1: |  | Year 2: |  | Year 3: |  |
| USDA Pain Classification: | [ ]  B [ ]  C [ ]  D [ ]  E | **Total Usage:** |  |
| Source of Animals:*Breeding colony, wild caught, supplier name – be specific* |
|  |
| Primary Caretaker (if not PI): |  | Phone: |  |
| Primary Caretaker Signature: |  | Date: |  |
| Will animal(s) require care during semester breaks from someone other than the PI/Primary Caretaker? |
| [ ]  No [ ]  Yes (indicate caretaker):  |
| Semester Break Caretaker Phone: |  | Emergency Phone: |  |
| Break Caretaker Signature: |  | Date: |  |
| Species will be: | [ ]  Added to the protocol [ ]  Removed from the protocol |

**OBJECTIVES, JUSTIFICATION, AND PROCEDURES**

|  |
| --- |
| **Research Objective** |
| Are there changes to the aim of the study? |
| [ ]  No [ ]  Yes – describe in detail and provide justification for the change(s) below: |
| **Animal Procedures** |
| Are there changes to the experimental design and/or any animal procedures?  |
| [x]  No [ ]  Yes – describe in detail and provide justification for the change(s) below (Address any procedures outlined in [Appendix 2: Animal Use Procedures](http://www.eiu.edu/~grants/Files_IACUC/Appendix%202%20Animal%20Use%20Procedures.doc), as applicable): |
| Will there be changes to the USDA Pain or Distress Classification, or to surgical or euthanasia procedures? |
| [ ]  No [ ]  Yes – describe in detail and provide justification for the change(s) and describe steps taken to minimize this discomfort below and complete the appropriate addendum form\*: |
| \*Addendum Forms:Pain Classification: complete [Pain Classification D or E](Proposed%20Pain%20Classification%20D%20or%20E.docx)Surgery (Survival or Non-survival): complete [Animal Surgery](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%203%20Surgery.doc)Euthanasia (including allowing animals to die): complete [Euthanasia, Death, or Disposition of Animals](https://www.eiu.edu/grants/IACUC%20Euthanasia%20Form.docx) |

**CERTIFICATIONS AND ASSURANCES:**

By signing this form, I certify that:

[ ]  The information provided in this application is an accurate description of the proposed use of animals

[ ]  The proposed activities do not unnecessarily duplicate previously reported research

[ ]  All activities are designed to assure that pain/distress/discomfort of animals is minimized

[ ]  Medical care will be available when necessary, and provided by a qualified veterinarian

[ ]  All personnel authorized to conduct animal procedures under this protocol will be appropriately trained and qualified, and that I am responsible for the supervision, training, and work of said personnel

[ ]  I will obtain IACUC approval before initiating any changes to this protocol by submitting the [Campus Research Protocol Modification Request Form](https://www.eiu.edu/grants/Proposed%20Campus%20Research%20Protocol%20Modification%20Request%20Form.docx).

[ ]  I will notify the IACUC of any changes to the species list by submitting the [Campus Research Protocol Modification Request Form](https://www.eiu.edu/grants/Proposed%20Campus%20Research%20Protocol%20Modification%20Request%20Form.docx).

[ ]  I will notify the IACUC regarding any unexpected impact to the animals, and any unanticipated pain or distress, morbidity or mortality will be immediately reported to the IACUC and will submit the [IACUC Incident Report](https://www.eiu.edu/grants/Proposed%20IACUC%20Incident%20Report.docx) form

[ ]  I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies for the ethical use and treatment of animals used in research and teaching

**Submission of this form by the PI in the form of electronic mail is taken as evidence of this Assurance. Please type your name(s) and the date below.**

|  |  |
| --- | --- |
|  |  |
| Principle Investigator Signature | Date |
| *For IACUC Use Only:*  | Date Received: |  | Protocol Number: |  |