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

**Request for Modification of Protocol for Animal Use in Instruction**

Submit this form each semester with any applicable supplemental forms to [eiuiacuc@eiu.edu](mailto:eiuiacuc@eiu.edu)

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| Instructor Name: |  | | | | | Original Protocol Number: | |  |
| Contact Phone Number in the Event of a Disaster: | | | |  | | | | |
| **Course Information** | | | | | | | | |
| Title of Course: |  | | | | | | | |
| Course Number: |  | Section(s): |  | | Semester/Year: | |  | |

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| **Instruction Location** | |
| Has the setting or location for instruction changed? | No  Yes – describe change(s) below: |
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| **Personnel** | | | | | | |
| Has there been a change in personnel involved in the protocol? | | | | | | |
| No  Yes – complete and submit [**Animal Personnel Supplemental Form**](file:///\\eiuad.eiu.edu\files\Departments\GradSchool\Res%20and%20Spons\Grants%20and%20Research\Jennifer\IACUC\IACUC%20Forms\Proposed%20Changes\Research\Field\Proposed%20Animal%20Personnel%20Supplemental%20Form.docx) | | | | | | |
| Has there been a significant change in the number of students receiving instruction? | | | | | | No  Yes |
| Has there been a change regarding who will handle animals? | | | | | | No  Yes |
| Describe any personnel changes below. If students will be handling animals, complete the [Student Training for Instructional Protocols](file:///\\eiuad.eiu.edu\files\Departments\GradSchool\Res%20and%20Spons\Grants%20and%20Research\Jennifer\IACUC\IACUC%20Forms\Proposed%20Changes\Instruction\Student%20Training%20for%20Instructional%20Protocols.docx) form if it was not submitted with the original protocol. | | | | | | |
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| **Animal Use** | | | | | | |
| Check this box if there is any modification to species use | | | | | | |
| To add, remove, or modify species that are housed on campus, complete the [Housing/Husbandry Modification to Species Form](Proposed%20Housing%20Husbandry%20Modification%20to%20Species%20Form.docx).  For animals that are not housed on campus, complete the following: | | | | | | |
| **Common Name:** | | | | ***Scientific Name:*** | | |
| Number of animals to be used: | |  | Source of animals: | |  | |
| Species will be: | Added to the protocol  Removed from the protocol | | | | | |

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| **Animal Use Conditions** |
| Will there be changes to the housing/living conditions for the animal(s)? |
| No  Yes - complete [Animal Housing/Husbandry Protocol Modification Request](Proposed%20Animal%20Housing%20Protocol%20Modification%20Request.docx) and submit with this application |
| Will there be changes to the handling of wildlife in any way? |
| No  Yes - complete [Wildlife Studies Supplemental Form](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%204%20Wildlife%20Studies.doc) and submit with this application |
| Will there be changes to the USDA Pain or Distress Classification, or to surgical or euthanasia procedures? |
| No  Yes – explain in the space below and complete the appropriate addendum form\*: |
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| \*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) |

**OBJECTIVES, JUSTIFICATION and EXEMPTION**

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| **Objectives** |
| Are there changes to the instruction as it applies to the use of animal(s)? |
| No  Yes – describe change(s) below and include rationale for the change: |
| **Instructional Field Research Exemption** |
| Any activity that is not expected to alter or influence the activities of animals can be considered for exemption from IACUC approval.  Will proposed changes to the instructional protocol potentially effect exemption status? |
| No, exemption status will not change  Yes, protocol will no longer be considered exempt  Yes, protocol could now be considered exempt (complete the next prompt) |
| Field Research Exemption:  This request must be made to the IACUC prior to the initiation of any changes to field instruction. Exemption is valid only for the instructor making the request and only for the semester for which it is requested. Exempt status may be assigned to multiple units of field instruction taking place within one course.  To apply for exemption, each of the following criteria must be met. Check each box below as it applies to your field instruction: |
| I certify that:  I have acquainted myself with the Federal Regulations and University Policies regarding the care and use of vertebrate animals in testing, research, and educational activities*.*  Field studies are, first and foremost, subject to the animal care and use requirements and regulations imposed by any agency funding the study*.*  All animals will be studied in their natural environment. Every attempt will be made to avoid excessive disturbance due to research or teaching activity.  If the methods of the field study are altered in any way, I will resubmit this form with the proposed changes for reevaluation of exempt status. I understand that the revision(s) must be certified as exempt or approved by the IACUC before changes are implemented.  The proposed activities do not involve the capture, handling, housing, transportation, treatment or euthanasia of any vertebrate animals. Should these procedures become necessary during the course of the study, I will submit [Application for Field Research](Proposed%20Field%20Research%20Protocol%20Continuation%20Request%20Form.docx), for IACUC approval prior to initiating any change in protocol.  All personnel, including students, involved in this study have received proper training appropriate to the nature and scope of the study to ensure that the health and safety of animals and persons in the field are not compromised. |
| **Other Changes:** | |
| If there are other changes to this protocol not otherwise specified on this form, please explain below: | |
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**CERTIFICATIONS AND ASSURANCES:**

By signing this form, I certify that:

The information provided in this request is an accurate description of the proposed use of animals

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 other changes to this protocol by submitting the [Instructional Protocol Modification Request](https://www.eiu.edu/grants/Proposed%20Instructional%20Protocol%20Modification%20Request.docx) form.

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

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.**

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| Course Instructor Signature | | | Date | | |
| *For IACUC Use Only:* | Date Received: |  | | Protocol Number: |  |