

University of Memphis  
Institutional Animal Care and Use Committee  
**Protocol Annual Update/Amendment form**

Protocol Title:

IACUC Approval #:

Primary Investigator:

Additional Personnel Involved in the Project:

1. Check the following appropriate category:

- Annual Update
- Protocol Modification (change in existing project)/ Amendment
- Protocol Addition (addition of new project to existing protocol but significant changes may result in the IACUC requesting a new protocol to be submitted)
- Extension of Protocol termination date (6 month minimum)
- Termination of Protocol

2. Review the original protocol and explain changes in the categories marked below:

There have been no changes.

Changes in personnel:

Persons deleted: \_\_\_\_\_

Persons added: \_\_\_\_\_

For each person added, please answer the following questions:

Name: \_\_\_\_\_

a. Has this person completed the introduction orientation training?

b. What species will this person be handling? \_\_\_\_\_

c. What procedure(s) will this person be performing? \_\_\_\_\_

d. How was this person trained to do the procedure?

e. Who provided the training? \_\_\_\_\_

f. How much experience (time or intensity) has this person had?

Changes in experimental procedures performed on animals: \_\_\_\_\_

Changes in drugs or methods used to produce analgesia, anesthesia, or Euthanasia. Give reasons for changes. \_\_\_\_\_

\_\_\_\_\_ Changes in numbers of animals used and why. (Note that an increase in total number exceeding 50% of the original total may require submission of a new protocol rather than an amendment.)

\_\_\_\_\_ Changes in funding agency. Describe: \_\_\_\_\_

\_\_\_\_\_ Any changes that alter the used and care of animal in your study. Explain:  
\_\_\_\_\_

In submitting this statement to the Chair of the IACUC, I attest that the animals covered by this protocol have not experienced more discomfort or pain than that which was stated in the original protocol.

Name of Primary Investigator: \_\_\_\_\_

Date: \_\_\_\_\_