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: ______________________________________________________________
   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 use 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: _____________________________