Annual Update/Protocol Amendment Form

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| Protocol Title: | (STUDY TITLE) |
| IACUC Approval #: | (APPROVAL #) |
| Primary Investigator: | (NAME) |
|  |  |

1. Check the Appropriate Category(s):

Annual Update

Protocol Modification (change in existing project) / Amendment

Protocol Addition (addition of new project to existing protocol. Significant changes may

result in the IACUC requesting a new submission)

Extension of Protocol Termination Date (6-month minimum). Note that protocols cannot be extended beyond 3 years.

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

No changes

Changes in personnel

|  |  |
| --- | --- |
| Personnel Removed: | 1. (Name)  2. |
| Personnel Added: | 1. (Name, email address, phone)  2. |
|  |  |

For each person added, please answer the following questions

1. Has this person completed the introduction orientation training?
   1. Personnel 1: Date - Click or tap to enter a date.
   2. Personnel 2: Date - Click or tap to enter a date.
2. What species will this person be handling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How was this person trained to do the procedure(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Who provided the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How much Experience (time or intensity has this added person had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Changes in experimental procedures performed on animals. Summarize changes below. Also attach a “track changes” version of original protocol to highlight the changes within the protocol document.

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| Summary: |

Changes in drugs or methods used to produce analgesia, anesthesia or euthanasia. Give reasons for the change.

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| Describe: |

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

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| Describe: |

Change in Funding Agency

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| Describe: |

Changes that alter the use and care of animals in your study

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| Explain: |

Check statement(s) as appropriate:

In submitting this annual update 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 and any prior amendments.

In submitting this amendment to the Chair of the IACUC, I attest that the animals covered by this amendment will not experience more discomfort or pain than that which was stated in the original protocol and any prior amendments.

|  |  |  |
| --- | --- | --- |
| Name of Primary Investigator |  | Date |

Submit form to [IACUC@memphis.edu](mailto:IACUC@memphis.edu)