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| King Fahd Medical Research Center (KFMRC) | **\*\*\*For ACUC Use Only\*\*\*** | |
| Animal Care and Use Committee (ACUC) | Date Received |  |
|  | Approval Date: |  |
| AMENDMENT REQUEST FORM | Expiration Date: |  |
| Release Date: 01/20/2017 |  |  |

**Protocol Number?**

**PROTOCOL TITLE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PRINCIPAL INVESTIGATOR (PI):** Faculty member responsible for design and implementation of the research. | | | | | | | | | | | | | | | | | | | | |
| **LAST NAME:** | | | |  | **FIRST:** | | |  | | | | **M. INITIAL:** | | |  | | | **DEGREE (S):** | |  |
| **Title:** |  | | | | | **Faculty:** | | |  | | | | | **Dep’t/Div:** | |  | | | | |
| **Faculty:** | | |  | | | | | | | | **Building:** | |  | | | **Room Number**: | | |  | |
| **Phone:** | |  | | | | | **Fax:** | | |  | | | | | **E-mail:** | |  | | | |

**Please indicate which changes you are requesting by selecting the appropriate category below**

**Describe the change(s) and reasons on page 2 of this form.**

**Modify anesthetic or analgesic agents**

*State the name of the agent, dose(s), route of administration and frequency range for any drug to be added.*

**Modify Euthanasia**

*Describe any changes in the method of euthanasia*

**Modify Procedures**

*Provide a complete description and rationale for the proposed experimental changes.*

*Indicate if they will change the degree of invasiveness of a procedure or discomfort to the animal.*

*See “Modify Pain Category” below to determine if it applies.*

**Modify Surgical Procedures**

*Describe any changes to approved surgical procedures.*

**Modify Infectious or Biohazardous Agent**

*Provide rationale for adding this new agent, list all necessary safety precautions.*

*Describe any modifications you plan to make to your currently-approved procedures.*

**Modify Animal Numbers**

*Indicate the number of* ***additional*** *animals being requesting under each pain category in the chart below.*

|  |  |  |
| --- | --- | --- |
| **Categories** | **Examples** | **Total Number of Animals** |
| **A**—Procedures cause momentary, slight, or no pain/distress in absence of analgesia or anesthesia | e.g., injections, euthanasia, blood collection, brief restraint, imaging |  |
| **B**—Procedures potentially are painful but anesthetics and/or analgesics are given | e.g., surgery, blood collection by invasive routes |  |
| **C**—Procedures involve pain/distress that will not be alleviated by drugs | e.g., toxicity studies, pain or stress studies, some disease models |  |

*Provide a justification for the change in animal numbers.*

**Modify Pain Category**

*Please describe the changes that will affect the pain category.*

*If adding animals or procedures to category D or E for the first time, please include a description of what*

*alternatives to procedures that may cause more than momentary or slight pain or distress have been considered*

*and why no alternative was selected.*

**Add Satellite Housing**

*Include Satellite Housing amendment with this form*

**Add Mouse Breeding**

*Include Mouse Breeding Colony Form with this form.*

**Change in Principal Investigator**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New Principal Investigator** | | | | | | | | | | | | | | | | | | | | |
| **LAST NAME:** | | | |  | **FIRST:** | | |  | | | | **M. INITIAL:** | | |  | | | **DEGREE (S):** | |  |
| **Title:** |  | | | | | **Faculty:** | | |  | | | | | **Dep’t/Div:** | |  | | | | |
| **Faculty:** | | |  | | | | | | | | **Building:** | |  | | | **Room Number**: | | |  | |
| **Phone:** | |  | | | | | **Fax:** | | |  | | | | | **E-mail:** | |  | | | |
| ***Degree(s) held.***    ***Specialty and/or major for each degree listed above.***    ***List procedures this person will be performing (can state “all” if appropriate).***    ***Describe the person’s experience with the procedures and the species in this protocol.***    ***If training and/or supervision of this person is necessary, who will be providing it?*** | | | | | | | | | | | | | | | | | | | | |
| **Approval (ACUC use):**  **Yes**  **No.** | | | | | | | | | | | | | | | | | | | | |

**Change in Personnel (adding new personnel to an approved protocol)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Role:** | **Co-Investigator**  **Fellow**  **Student**  **Faculty**  **Staff**  **Outside Collaborator** (Check all that apply.) | | | | | | |
| Last Name: | |  | | | First Name: | M. Initial: | |
| Department: | |  | | | Phone Number: | |  |
| Address: | |  | | | Bldg & Room: | |  |
| Email Address: | | |  | | | | |
| ***Degree(s) held.***    ***Specialty and/or major for each degree listed above.***    ***List procedures this person will be performing (can state “all” if appropriate).***    ***Describe the person’s experience with the procedures and the species in this protocol.***    ***If training and/or supervision of this person is necessary, who will be providing it?*** | | | | | | | |
| **Approval (ACUC use):**  **Yes**  **No.** | | | |  | | | |

**Other**

***I understand that these changes must not be implemented until I receive approval for the changes from the Animal Care and Use Committee (ACUC) at KFMRC.***

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| **Principal Investigator’s Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **KFMRC ACUC Chair's Signature:** |  | **Date:** |  |

Please submit to the ACUC office:

KFMRC, Animal House

To fax: (0126952076).

To email send to: kfmrc-ahrg@kau.edu.sa

**Thank you.**