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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:**

|  |
| --- |
| **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.*

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| --- | --- | --- |
| **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**

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| --- |
| **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)**

|  |  |
| --- | --- |
| **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:** |       |

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| --- | --- | --- | --- |
| **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.**