



**Animal Care and Use Protocol Amendment  
West Texas A&M University/Cooperative Research, Educational and Extension Team  
Institutional Animal Care and Use Committee**

Use this form to make a change to an animal care and use protocol. Return completed form to Killgore Research Center-IACUC, WTAMU Box 60217, Canyon, TX 79016, fax 806-651-2733, phone 806-651-2270, e-mail [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu). Only typed forms will be accepted. For assistance see the [IACUC website](#).

**Principal Investigator:** \_\_\_\_\_ **Protocol number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Box:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Protocol title:**

**Which type(s) of change(s) are being proposed? Check all that apply.**

- |                                   |       |                                   |       |
|-----------------------------------|-------|-----------------------------------|-------|
| Change in personnel               | _____ | Change in number of animals       | _____ |
| Change in animal species          | _____ | Addition/deletion of procedure    | _____ |
| Change in surgical procedure      | _____ | Change in anesthesia or analgesia | _____ |
| Change in animal housing          | _____ | Change in euthanasia method       | _____ |
| Change in funding source          | _____ | Change in project title           | _____ |
| Change in veterinary care         | _____ |                                   |       |
| Change in hazardous substance use | _____ |                                   |       |
| Change in category of animal use  | _____ |                                   |       |

Transfer of Principle Investigator (Complete the Information directly Below) \_\_\_\_\_

I, **PI Name**, am requesting the above referenced study to be transferred to **New PI Name**. This amendment reflects the change of a new PI and I understand I am still responsible for this study until approval of this amendment.

PI Signature: \_\_\_\_\_

I, **New PI Name**, accept the role as PI on the above referenced study. I understand I will assume the responsibility of this study going forward. I also understand this change will be effective on the date this amendment requesting this change is approved. Furthermore, I understand any changes I make in the future to this study will require an amendment to be approved by the IACUC Committee Chair prior to implementation of the change.

New PI Signature: \_\_\_\_\_

Other

(Describe):

**Describe all proposed change(s) in detail. If change(s) proposed add any procedures that have the potential to cause animal pain or distress, then you must describe the methods and sources by which alternatives to these procedures have been sought. Please review the original protocol and confirm that all principal investigator assurances apply to proposed change(s). (Attach additional sheets if necessary.)**

**Justify the need for these proposed changes. (Attach additional sheets if necessary.)**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

-----  
IACUC Chair's Action:

- The changes proposed are not significant and do not require IACUC review. The changes may be implemented and this form is included in the record for this protocol for information only.
- The changes proposed are considered significant and do require IACUC review. This form and the original protocol review form along with any attachments and comments are forwarded to the primary reviewer. A copy of this form is sent to each IACUC member to permit an opportunity to request additional information or convened IACUC review. In all other respects, the IACUC review of changes is the same as review of an original protocol.

\_\_\_\_\_  
IACUC Chair Signature

\_\_\_\_\_  
Date Approved