

ACORP PROTOCOL NUMBER:
PROTOCOL TITLE:
PRINCIPAL INVESTIGATOR:

I. Nature of modification: Please describe all changes to the original protocol, using lay terms. Describe any changes in procedure, therapeutics, or species. *To make personnel changes, see section II. To request additional animals, see section III. Section IV must be completed for all changes which have the potential to increase animal pain or distress. Section V should be completed if there were any problems or complications that need an explanation. Section VI is required in all cases. Please mark NA on all sections that do not pertain to this amendment.*

II. Personnel: List the names, titles, affiliations, and roles of all new persons involved in this protocol. Please describe what each person will do in the study, what procedures they will perform and how they will be trained and/or their experience. Also, provide a brief description on each persons education, degrees, academic rank, training, and experience (include past training) with proposed species and procedures/techniques proposed in this protocol.

Not Applicable

NAME	TITLE	AFFILIATION	ROLE IN PROTOCOL	CONTACT NUMBER
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Have all personnel completed the online CITI IACUC training? Yes No

Are all Personnel enrolled in the Occupational Health Program ? Yes No

Outside Personnel:

Name and qualifications: _____

Has this person had training in IACUC at another institution, if yes then at what institution: _____

Note: the IACUC is to be notified of all personnel changes before these individuals participate in this protocol. All individuals must complete IACUC training in humane care and use of laboratory animals and biohazards in animal research prior to work in any animal-based protocol.

III. Increase in Animal Numbers: Please state the additional number of each species required for the completion of the protocol. Provide justification for changes in the space below.

Not applicable

SPECIES	COMMON NAME	SEX	1 YEAR #	2 YEAR #	3 YEAR #	TOTAL
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IV. Assurance of Review of Existing Literature. If your modification has the potential to increase pain or distress to animals or includes new or additional procedures, an increase in animal numbers greater than 10% or the addition of animal species you must complete this section. Provide a written explanation in sufficient detail to assure the IACUC you have reviewed the scientific literature to determine that (1) this study does not unnecessarily duplicate prior work at this or any other institution, (2) there are no reasonable alternatives to the use of animals (such as less sentient animals, computer models or tissue culture), and that (3) there are no alternatives to any painful procedures proposed here. Specific points to be addressed include:

1. Names of the databases searched;
2. Date the search was performed;
3. Period covered by the search (i.e. Medline years 1966-present, etc.); and
4. Key words and/or the search strategy used;
5. Results of the search.

(Personal knowledge alone is not sufficient to enable IACUC assurance of this review and hence approval of your request but in some circumstances [as in highly specialized fields of study, conferences, colloquia, subject expert consultants, or other sources may provide relevant and up-to-date information regarding alternatives in lieu of, or in addition to, a database search.]

Not Applicable

V. Problems Encountered: Describe any health problems, accidental deaths, or other animal welfare issues encountered in this reporting period for this study and describe how those problems were addressed.

Not Applicable

VI. Approvals and Certifications

VA ACORP Modification Form

To the best of my knowledge, the information herein is accurate and complete. I have carefully compared the proposed work with the current literature and it is my professional opinion that the proposed work meets high standards of scientific merit and does not unnecessarily duplicate previous studies. All personnel listed understand their responsibility in complying with VA policies governing the care and use of animals. All animal related activities will be performed by qualified individuals. Technicians and students involved have or will be trained in proper animal handling, administration of anesthetics, analgesics, euthanasia, and other laboratory / field procedures to be used in this protocol. I understand that should the conduct of the protocol require a material change from that stated herein, approval by the IACUC is required before I may proceed to implement the change.

Principal Investigator

_____ Date _____

Office use only

IACUC ACTION:		Action Date _____
Approved Unconditionally	<input type="checkbox"/>	
Conditions Required to Gain Approval	<input type="checkbox"/>	
Approval Denied	<input type="checkbox"/>	