|  |  |  |  |
| --- | --- | --- | --- |
| Animal Care Committee Use | | | |
| Received | Click or tap to enter a date. | Reviewed | Click or tap to enter a date. |
| Protocol# | Click or tap here to enter text. | Approval | Click or tap to enter a date. |

**Request to Amend an Approved Animal Use Protocol**

**ATIPP Notification:** The personal information requested on this form is collected and protected under the authority of the Yukon Access to Information and Privacy (ATIPP) Act, and will be used for the purpose of processing your animal care committee (ACC) application and for uses consistent with this purpose. Questions can be directed to the ACC Coordinator, Yukon University by email to [vwalker@yukonu.ca](mailto:vwalker@yukonu.ca) or call 867-668-8857.

## Instructions: Complete this form to request an amendment of an existing approved ACC animal use protocol. Please indicate all changes that you are requesting. Submit the completed form with your updated original ACC Protocol application that shows all the requested changes in the affected section(s). Submit these in either Word or PDF format to the Animal Care Committee Coordinator at [vwalker@yukonu.ca](mailto:vwalker@yukonu.ca).

## PROJECT AND PRINCIPAL INVESTIGATOR INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| ACC Protocol Number (if known): **Click here to enter text.** | | | |
| Protocol Title: **Click here to enter text.** | | | |
| Principal Investigator (PI) / Faculty Member: **Click here to enter text.** | | | |
| Institutional affiliation: **Choose an item.** Explain other: **Click here to enter text.** | | | |
| Department / School: **Click here to enter text.** | | | |
| Employee / Student ID #: **Click here to enter text.** | | | |
| Phone number: **Click here to enter text.** | | Email address: **Click here to enter text.** | |
| Address (If other than University): **Click here to enter text.** | | | |
| City: **Click here to enter text.** | Province: **Click here to enter text.** | | Postal code: **Click here to enter text.** |
| Proposed date to start with changes: **Click here to enter a date.** | | |  |

## REASON FOR AMENDMENT REQUEST

|  |  |
| --- | --- |
|  | Personnel Changes, Addition or Deletion of Personnel, change in Competency Level and /or Change/Addition of duties/procedures assigned to existing personnel |
|  | Transfer of Protocol to a Different PI |
|  | Change in Animal Numbers (addition/deletion) |
|  | Change in Species, Strain, Line, Geneotype, age and/or sex of animals |
|  | Change in anesthetics and/o analgesics |
|  | Change in drugs or compounds given to animals |
|  | Change in Procedures and/or Addition of new Procedure(s) |
|  | Change in Funding and/or Title of Project |
|  | Other (Please indicate): **Click or tap here to enter text.** |

## MAJOR AMENDMENTS – requires a new protocol number and full Committee review

Please indicate which changes you are requesting by an X next to each category below. Describe the change(s) and reasons. Refer to the YukonU ACC Terms of Reference and Guidelines for Protocol Amendments for details regarding the amendment process.

|  |  |  |
| --- | --- | --- |
|  | **Change in lead Principal Investigator / Instructor** | |
| **Current Principal Investigator/Instructor: Click or tap here to enter text.**  **Signature:** | | **Date:** **Click here to enter a date.** |
| **ASSURANCES: Statement to be signed by new Principal Investigator/Instructor**  I assume responsibility for compliance with Yukon University and the Canadian Council on Animal Care policies and guidelines as applicable, for work carried out under this protocol  I understand that minor and major amendments, as defined in the YukonU Animal Care Committee Terms of Reference and guidelines, must be submitted to the YukonU ACC for approval prior to their implementation. | | |
| **New Principal Investigator/Instructor: Click or tap here to enter text.**  **Signature:** | | **Date: Click here to enter a date.** |
| **Contact Details for new Principal Investigator/Faculty Instructor**  **Department: Click here to enter text.**  **Office: Click here to enter text.**  **Phone: Click here to enter text.**  **Email: Click here to enter text.**  **Is the new PI handling live animals?  Yes  No**  **If yes, provide ACC Evidence of Skills and Training Form**  **If the new person is not handling live animals, what is their role? Click here to enter text.** | | |
|  | **Modify Category of Invasiveness**: Please describe the changes that will affect the category of Invasiveness. 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.  **Click here to enter text.** | |
|  | **Modify Animal Species**: Indicate the new species that will be used.  **Click here to enter text.** | |
|  | **Modify Procedures:** Provide a complete description and rationale for the proposed changes. Indicate if they will change the degree of invasiveness  **Click here to enter text.** | |
|  | **Modify Animal Numbers – Increase / Decrease in animal numbers 10% and over**. Indicate the number of animals you are requesting. Describe why the increase/decrease is needed.  **Click here to enter text.** | |
|  | **Modify Method of Euthanasia:** Describe any changes in the method of euthanasia (be sure proposed method is in compliance with [*CCAC guidelines on: euthanasia of animals used in science*](https://www.ccac.ca/Documents/Standards/Guidelines/Euthanasia.pdf)  **Click here to enter text.** | |
|  | **Other: Click here to enter text.** | |

## MINOR AMENDMENTS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Personnel Changes - Details**     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | Addition | Deletion | Change in Competency Level | Change/addition of duties/procedures assigned to existing personnel | | Click or tap here to enter text. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | |
|  | **Change in Title: Provide new title of proposal. Explain why title has changed.**  **Click here to enter text.** |
|  | **Change in Funding source or account information (must not impact scientific peer review)**  **Click here to enter text.** |
|  | **Modify Drugs Used (where effects on the animal are equivalent):** State the name of the agent, dose or dose range, route of administration and frequency range for any drug to be added. Previously approved agents will remain on the protocol. If you need to withhold analgesia, indicate the reasons why.  **Click here to enter text.** |
|  | **Modify Procedures (where effects on the animal are equivalent):** Describe any changes to approved procedures  **Click here to enter text.** |
|  | **Modify use of hazardous agents:** Provide a rationale for adding a new agent, list all necessary safety precautions, and describe any modifications you plan to make to your currently approved procedures.  **Click here to enter text.** |
|  | **Modify Animal Numbers – Increase/Decrease in animal numbers under 10% (Level A-C only):** Indicate the number of animals you are requesting. Describe why the increase/decrease is needed.  **Click here to enter text.** |
|  | **Change in supplier of Animals**: **Provide details**  **Click here to enter text.** |
|  | **Other**: D**escribe**  **Click here to enter text.** |

1. **Are the requested amendments the result of problems or unanticipated impacts on animals used?  Yes  No**

**If yes, briefly describe the problems or unanticipated impacts and new procedures adopted to address them. Click here to enter text.**

1. **Other than the requested amendment(s), were there any other changes in conditions or techniques during the term of this protocol?  Yes  No**

**If yes, briefly describe other changes in conditions or techniques and new procedures adopted to address the changes. Click here to enter text.**

1. **Update the original ACC Animal Use Protocol Application and submit along with this Application for Amendment. Indicate which sections of the original approved protocol have been updated.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Section I |  | Section VII |
|  | Section II |  | Section VIII |
|  | Section III |  | Section IX |
|  | Section IV |  | Section X |
|  | Section V |  | Section XII |
|  | Section VI |  | Appendices- List updated items: **Click here to enter text.** |

**Additional Details:** **Click here to enter text.**

**ACCURACY OF INFORMATION**

I certify that I have read and understand the policies, procedures, and guidelines developed by Yukon University for humane treatment and care of animals in accordance with the standards and principles established by the Canadian Council on Animal Care and that I intend to comply fully with the letter and spirit of those policies, procedures, and guidelines; that all the information I have included in this form is, to the best of my knowledge, true; and that I have not knowingly omitted any information from this form that is relevant to the task of the Yukon University Animal Care Committee. I further acknowledge my responsibility to report any significant changes in the project and to obtain written approval for those changes, as required by the University policies, procedures, and guidelines, prior to implementing those changes.

Submission of this amendment form together with supporting documentation indicates compliance with the foregoing statement. No changes should be implemented until approval is received for the changes from the Animal Care Committee.

Principal Investigator or Faculty Instructor:

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter a date. |
| Typed Name | Date |