# Animal Care and Use (ACUP) Amendment Form

# Institutional Animal Care and Use Committee (IACUC)

**Please submit the completed form to** **IACUC@oregonstate.edu****.**

**Contact the** **IACUC office****, or the** **Administrator** **(737-2762) with any questions.**

Principal Investigator:      Telephone:      E-mail:

Department/College:      Granting Agency:

ACUP Number:      Project Title:

1. **What ACUP changes are being proposed? Check all that apply.**

 ***Note:*** *Lengthy or complex changes may require incorporation directly into the most recent approved version of the ACUP and submitted for review along with this form.*

*Changes that are beyond the scope of work proposed in the original ACUP may require a new ACUP.*

# Change in project title [ ]  Change in category of animal use [ ]

# Change in number of animals [ ]  Change in veterinary care [ ]

Change in animal species [ ]  Addition of minor procedure [ ]

Change in surgical procedure [ ]  Change in anesthesia or analgesia [ ]

Change in animal housing [ ]  Change in euthanasia method [ ]

Change in funding source [ ]

#

Other Minor Changes**[ ]**  Please describe:

1. **Does the original ACUP, previous amendments or current amendment include any of the following?**

**[ ]**  Radioactive Isotopes

**[ ]** Infectious agent

**[ ]**  Carcinogens

**[ ]**  Recombinant or Synthetic Nucleic Acid Molecules

**[ ]**  Generation of transgenic animals

**[ ]**  Boating or Diving activities

If any boxes above are checked, this Amendment will be forwarded to the relevant Safety Committee for review and approval.

1. Describe all proposed change(s) in detail.
2. Justify the need for these proposed changes.
3. Review the original protocol and confirm that all Principal Investigator assurances apply to proposed change(s).

IACUC Action \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 IACUC Vice-Chair