

Institutional Animal Care and Use Committee
Research Integrity and Compliance
Vice President for Research and Creative Activity
1735 NDSU Research Park Drive, Department 4000, PO Box 6050
Fargo, ND 58108-6050
701.231.8114

Request for Change in Protocol

(For Institutional Review Only)

Protocol Number

Protocol Title

Principal Investigator

Department

Phone Number (s)

E-mail

This form must be submitted and approved prior to making a significant change(s) to an IACUC approved protocol. Significant changes include changes that have, or have the potential to have, a negative impact on animal welfare. In addition, some activities that may not have a direct impact on animal welfare are also considered to be significant.

By signing below I certify that the research outlined meets standards and regulations set by your department and NDSU policies. In addition, I certify that there are appropriate facilities, equipment and personnel appropriately committed to this project.

Principal Investigator _____

Chair, Head, Director or Dean _____

IACUC Chair _____

The proposed change includes a change (please check all that apply):

from nonsurvival to survival surgery
resulting in greater pain, distress, or degree of invasiveness
in housing and/or use of animals in a location that is NOT part of the animal program overseen by the IACUC
in species
in study objectives
in Principal Investigator (PI)
that impact personnel safety
Other

The proposed change includes a change (please check all that apply):

anesthesia, analgesia, sedation, or experimental substances
euthanasia to any method approved by the AVMA Guidelines for the Euthanasia of Animals
duration, frequency, type, or number of procedures performed on an animal
Other

The proposed change includes a change (please check all that apply):

Increase in previously approved animal numbers
Change in housing and/or use of animals in a location that is part of the animal program overseen by the IACUC.

Please note: If the significant change results in a change in the pain category to D or E you will also need to submit Appendix A and Appendices D or E with this form.

Please provide a description or explanation of the proposed change(s). Please provide sufficient detail to allow evaluation by the IACUC.