**Application to Amend an Approved Protocol for the Use of Experimental Animals in the Biological Resource Centre**

**Part 6 - Changes in Animal Use Location and Other Changes**

1. **Approved IACUC Protocol No.:** \_\_\_\_\_\_\_\_\_\_

1. **Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **This application is for changes in**:

Animal use location and Other Changes

**Other local or overseas animal facility\***

*\*Please note to complete the acknowledgement form before each animal transfer to other local or overseas animal facility.*

**Satellite Laboratory/ room**

**The satellite laboratory / room must be IACUC approved and AVS licensed for animal research facility under ARES.** Please check the applicable location where animals will be brought to:

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| --- | --- | --- | --- |
| IMCB Euthanasia & Animal Procedure Room (#05-33, Proteos) |  | IMCB Animal Procedure & Euthanasia Room (#01-02, Helios) |  |
| IMCB Necropsy Room  (#06-01/02, Proteos) |  | IMCB Imaging Area 1  (#01-02, Helios) |  |
| AMP Multi-photon Microscopy & Procedure Room (#06-46, Proteos) |  | IMCB Imaging Area 2 (#01-02, Helios) |  |
| SIgN L3 Animal Procedures Room 1 (#03-00, Immunos) |  | IMCB Animal Surgery Room  (#01-02, Helios) |  |
| SIgN L4 Animal Procedures Room 1 (#04-00, Immunos) |  | IMCB Neuroscience Procedure Room (#01-02, Helios) |  |
| SIgN Multi-Photon Confocal Microscope Animal Procedure Room (#03-06, 2-Photon Room, Immunos) |  | IMCB Neuroscience Imaging Room (#01-02, Helios) |  |
| A\*SRL Euthanasia Room Level 6 (#06-23, Immunos) |  | IBB Isotopic Molecular Imaging Labs (IMIL) (#07-11, Helios) |  |
| IBB Animal Procedure Room (#05-36, Nanos) |  | IBB Photoacoustic Lab (#01-02, Helios) |  |
| GIS Infectious Diseases Animal Procedure Room (#06-13/14/15, Genome) |  | Other AVS Licensed facility:  Please specify |  |

**Please indicate why changes in location are required. Also justify why the work cannot be done in BRC.**

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1. **Other Changes (please specify and justify)**

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_