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

**Part 4 - Changes in Surgical Procedure/ Additional Surgical Procedure**

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

1. **Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Principal Investigator (PI)**

If there are any changes, please add text to box.

|  |  |
| --- | --- |
| Name |  |
| Research Institution / Company |  |
| Department |  |
| Address |  |
| Work telephone number |  |
| Mobile phone number |  |
| E-mail address |  |

1. **This application is for changes in**:

Surgical Procedure/Additional Surgical Procedure

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

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

|  |  |
| --- | --- |
| **PLEASE SELECT FOR THE REQUIRED CHANGE** | Addition of New Surgical Procedure |
| Change from Non-survival to Survival surgery |
| Change from Single surgery to Multiple surgeries |

1. **Addition of New Surgical Procedure**
   1. Indicate why the change is required and how it will benefit the project:

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* 1. Provide details for the **new** surgical procedure.

Name of surgeon(s) and their relevant experience:

|  |  |
| --- | --- |
| Name of surgeon | Experience in carrying out surgical procedures on lab animals |
| 1. | Where  When  What species  What surgical procedures |
| 2. | Where  When  What species  What surgical procedures |

For those with no previous/insufficient surgical experience, please list staff who will undergo training, and who will be responsible for training:

|  |  |
| --- | --- |
| Name of trainee | Name and Experience of person responsible for training and assuring that staff has obtained adequate skills |
| 1. | Where  When  What species  What surgical procedures |
| 2. | Where  When  What species  What surgical procedures |

|  |  |
| --- | --- |
| Nature of surgical procedure | Survival  Non-survival |
| Species |  |
| Room where surgery will be carried out  Note: **All survival surgery must be carried out under aseptic conditions (see Appendix XI - Surgical Procedures for guidance)** | Name of Building:  Level and Room #:  Note: All rooms must be AVS-licensed and IACUC-approved. |

Describe in detail, the surgical procedure including both pre- and post-operative care, monitoring, time-frames for the procedures, anaesthesia regimen and pain monitoring.

Please include the use of BRC’s rodent / animal Surgery and Post-surgery report forms –

See Appendix XI - Surgical Procedures for guidance.

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Will multiple surgical procedures be carried out on the animal(s)?

|  |  |
| --- | --- |
| **YES** | **NO** |

If “**YES”**, please provide scientific justification for multiple survival surgical procedures to be performed on the same animal:

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| --- |
|  |

|  |  |
| --- | --- |
| State frequency and duration at which animals will be observed after surgery |  |

Provide details of drugs to be used for the surgery. Please consult the BRC veterinarians for advice on drugs available:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug Used** | **Agent name and concentration (mg/ml)** | **BRC standard drug dose** | **Dose**  **(vol / BW)** | **Route of administration, frequency and duration** |
| Anaesthetic |  | Yes  No |  |  |
| Reversal drug |  | Yes  No |  |  |
| Antibiotic |  | Yes  No |  |  |
| Analgesic |  | Yes  No |  |  |
| Paralytics |  | Yes  No |  |  |
| Other |  | Yes  No |  |  |

**NOTE: Any modifications to the surgical procedures described MUST be submitted to the IACUC as an Amendment and obtain written approval PRIOR to implementation.**

1. **Change from non-survival to survival surgery**
   1. Indicate why the change is required and how it will benefit the project:

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* 1. Describe the surgical procedure, if different from the approved procedure:

Name of surgeon(s) and their relevant experience:

|  |  |
| --- | --- |
| Name of surgeon | Experience in carrying out surgical procedures on lab animals |
| 1. | Where  When  What species  What surgical procedures |
| 2. | Where  When  What species  What surgical procedures |

For those with no previous/insufficient surgical experience, please list staff who will undergo training, and who will be responsible for training:

|  |  |
| --- | --- |
| Name of trainee | Name and Experience of person responsible for training and assuring that staff has obtained adequate skills |
| 1. | Where  When  What species  What surgical procedures |
| 2. | Where  When  What species  What surgical procedures |

|  |  |
| --- | --- |
| Nature of surgical procedure | Survival  Non-survival |
| Species |  |
| Room where surgery will be carried out  Note: **All survival surgery must be carried out under aseptic conditions (see Appendix XI - Surgical Procedures for guidance)** | Name of Building:  Level and Room #:  Note: All rooms must be AVS-licensed and IACUC-approved |

Describe in detail, the surgical procedure including both pre- and post-operative care, monitoring, time-frames for the procedures, anaesthesia regimen and pain monitoring.

Please include the use of BRC’s rodent / animal Surgery and Post-surgery report forms –

See Appendix XI - Surgical Procedures for guidance.

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Will multiple surgical procedures be carried out on the animal(s)?

|  |  |
| --- | --- |
| **YES** | **NO** |

If “**YES”**, please provide scientific justification for multiple survival surgical procedures to be performed on the same animal:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| State frequency and duration at which animals will be observed after surgery |  |

Provide details of drugs to be used for the surgery. Please consult the BRC veterinarians for advice on drugs available:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug Used** | **Agent name and concentration (mg/ml)** | **BRC standard drug dose** | **Dose**  **(vol / BW)** | **Route of administration, frequency and duration** |
| Anaesthetic |  | Yes  No |  |  |
| Reversal drug |  | Yes  No |  |  |
| Antibiotic |  | Yes  No |  |  |
| Analgesic |  | Yes  No |  |  |
| Paralytics |  | Yes  No |  |  |
| Other |  | Yes  No |  |  |

**NOTE: Any modifications to the surgical procedures described MUST be submitted to the IACUC as an Amendment and obtain written approval PRIOR to implementation.**

1. **Change from Single surgery to Multiple surgeries**

* 1. Indicate why the change is required and how it will benefit the project:

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* 1. Provide scientific justification for multiple survival surgical procedures to be performed on the same animal:

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|  |

Name of surgeon(s) and their relevant experience:

|  |  |
| --- | --- |
| Name of surgeon | Experience in carrying out surgical procedures on lab animals |
| 1. | Where  When  What species  What surgical procedures |
| 2. | Where  When  What species  What surgical procedures |

For those with no previous/insufficient surgical experience, please list staff who will undergo training, and who will be responsible for training:

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| --- | --- |
| Name of trainee | Name and Experience of person responsible for training and assuring that staff has obtained adequate skills |
| 1. | Where  When  What species  What surgical procedures |
| 2. | Where  When  What species  What surgical procedures |

|  |  |
| --- | --- |
| Nature of surgical procedure | Survival  Non-survival |
| Species |  |
| Room where surgery will be carried out  Note: **All survival surgery must be carried out under aseptic conditions (see Appendix XI - Surgical Procedures for guidance)** | Name of Building:  Level and Room #:  Note: All rooms must be AVS-licensed and IACUC-approved |

Describe in detail, the surgical procedure including both pre- and post-operative care, monitoring, time-frames for the procedures, anaesthesia regimen and pain monitoring.

Please include the use of BRC’s rodent / animal Surgery and Post-surgery report forms –

See Appendix XI – Surgical Procedures for guidance.

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| --- | --- |
| State frequency and duration at which animals will be observed after surgery |  |

Provide details of drugs to be used for the surgery. Please consult the BRC veterinarians for advice on drugs available:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug Used** | **Agent name and concentration (mg/ml)** | **BRC standard drug dose** | **Dose**  **(vol / BW)** | **Route of administration, frequency and duration** |
| Anaesthetic |  | Yes  No |  |  |
| Reversal drug |  | Yes  No |  |  |
| Antibiotic |  | Yes  No |  |  |
| Analgesic |  | Yes  No |  |  |
| Paralytics |  | Yes  No |  |  |
| Other |  | Yes  No |  |  |

**NOTE: Any modifications to the surgical procedures described MUST be submitted to the IACUC as an Amendment and obtain written approval PRIOR to implementation.**