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

**Part 2 - Changes in Animal Numbers/ Strain**

1. **Approved IACUC Protocol No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **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**:

Animal Numbers/ strain

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

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

|  |  |
| --- | --- |
| **PLEASE SELECT FOR THE REQUIRED CHANGE:** | [ ]  Change in animal strain only |
| [ ]  Change in animal numbers only |
| [ ]  Change in both animal strain and numbers |
| [ ]  Transfer of animals between IACUC approved protocols(Please complete the animal details table in section A and section B) |

1. Indicate in the table below, the animal strain(s), source and total number of animals you will be using during the duration of this project. Also, indicate the number of offspring that you plan to generate from any in-house breeding. The pain classification should remain the same as that of the original application:

***Please note that ONLY an increase of up to 30% of the approved animal numbers from the original approved protocol is allowed.***

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Details | Pain Classification | Total number of animals **used** (includes those bred but were euthanized because not required) each year | 3-year total number of animals |
| Year 1 | Year 2 | Year 3 |
| Strain/LineSourceAge/WeightSex | Please select |  |  |  |  |
| Strain/LineSourceAge/WeightSex | Please select |  |  |  |  |
| Strain/LineSourceAge/WeightSex | Please select |  |  |  |  |
| Strain/LineSourceAge/WeightSex | Please select |  |  |  |  |
| Indicate the features of the animal species that you plan to use that make this the ideal choice for the proposal (anatomical, physiological or genetic features): |
| If you wish to use one sex only, please justify: |
| Will these animals be used for a new procedure?[ ]  Yes **(Please complete Amendment Form 3)** [ ] No  |
| Please provide justification for the number of animals to be used (*even if there is no increase in animal numbers)*:Points to note:i) Breeding Please provide the breakdown of the number of breeders, number of offspring and also number of animals bred but euthanized due to incorrect genotype.ii) Group StudyDescribe and justify (e.g. provision of power of analysis) the number of groups and group size inclusive of experimental and control animals in accordance to the procedures to be performed on each group. To also specify if there is any repeats and variables/ contingency.iii) Tissue HarvestingDefine the number of animals required per experiment, how many experiments and any variables/ contingency. |

1. Please complete this section for **transfer between A\*STAR IACUC approved protocols.**

|  |  |  |  |
| --- | --- | --- | --- |
| From (PI):  |  | To (PI):  |  |
| Research Institute:  |  | Research Institute:  |  |
| IACUC Protocol No.:  |  | IACUC Protocol No.:  |  |
| BRC Department:  |  | BRC Department:  |  |

**Please justify reason for transfer:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of receiving PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\*Only applicable for animal transfer within BRC*** |