**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:

|  |  |
| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_