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

**Part 3 - Changes in 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 |  |
| Pager / hand phone |  |
| E-mail address |  |

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

Procedure

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

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

|  |  |
| --- | --- |
| **PLEASE SELECT FOR THE REQUIRED CHANGE:** | 1. Change from pain classification C to classification D or E |
| 2. Change in use, withholding or nature of anaesthetics |
| 3. Change in duration, frequency or number of animal procedures |
| 4. Change in non-surgical procedure detail |
| 5. Change in methods of euthanasia |

1. **Change from pain Classification C to Classification D or E**
   1. Detail the changes to be made

|  |
| --- |
|  |

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

|  |
| --- |
|  |

*Animals and Birds Act (Care and Use of Animals for Scientific Purposes) Rules 2004 requires consideration of the use of alternatives to procedures that may cause more than momentary or slight pain or distress to animals (pain categories D and E).*

* 1. **The 3 R’s**. Provide written assurances that the following 3R’s were given due consideration when planning the project:

**Replacement –** Alternative to using live animals (e.g. in vitro models, computer models) or the use of invertebrate species. Indicate clearly which non-animal alternatives were considered for the study:

|  |
| --- |
|  |

**Reduction –** Reduction in the number of animals used (e.g. using appropriate statistical methods in the design and analysis of the study) without compromising scientific validity of the project. State clearly the reasons for the numbers of animals you wish to use:

|  |
| --- |
|  |

**Refinement** – Do you intend to use alternative or improved techniques or procedures to minimize potential pain, distress and discomfort of the animals?

|  |
| --- |
|  |

**Use one of the following web-sites to assist / justify your searches:**

1. USDA Animal Welfare Information Centre, Alternatives and Searches: <https://www.nal.usda.gov/services/literature-searching-animal-use-alternatives>
2. Johns Hopkins University Centre for Alternatives to Animal Testing: <http://caat.jhsph.edu/>
3. Fund for the Replacement of Animals in Medical Research (FRAME)

<https://frame.org.uk/resources/searching-for-alternatives/>

1. National Centre for the Replacement Refinement & Reduction of Animals in Research <https://nc3rs.org.uk/who-we-are/3rs#anchor_1>

**Please retain your search data on file for the duration of the project, so that AVS may inspect if they wish to.**

**Database searched - provide details of any database searches** **relating to the 3R’s**:

|  |  |
| --- | --- |
| Date of the most recent search for 3R’s: |  |
| Years covered by search: |  |
| Key words used (specific to animal use and should relate to the project): |  |
| Search strategy used/ Database searched: |  |
| Conclusion – justification to proceed as described: |  |

1. **Change in use, withholding or nature of anaesthetic agent(s)**
   1. Detail the changes to be made:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

* 1. Provide the following information on all agents to be changed / added:

|  |  |  |  |
| --- | --- | --- | --- |
| **Agent** | **Dose** | **Route** | **Frequency** |
|  |  |  |  |
|  |  |  |  |

1. **Change in duration, frequency or number of animal procedures**
   1. Detail the changes to be made:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. **Change in non-surgical procedure detail**
   1. Describe the procedural change(s) to be made:

**\*For addition of multiple non-surgical procedures, please describe each procedure in each box.**

|  |  |  |
| --- | --- | --- |
| Procedure title. (E.g Blood collection)  Description of the procedure including humane and experimental endpoints | Pain Classification | No. of animals undergoing this procedure |
| Procedure title. (E.g High fat diet feeding)  Description of the procedure including humane and experimental endpoints | Pain Classification | No. of animals undergoing this procedure |
| Procedure title. (E.g Administration of compounds)  Description of the procedure including humane and experimental endpoints | Pain Classification | No. of animals undergoing this procedure |

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

|  |
| --- |
|  |

4.3 Will there be an increase in animal numbers?

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

If **“YES”**, please complete Amendment Form Part 2.

1. **Change in methods of euthanasia**
   1. Provide the rationale for the change:

|  |
| --- |
|  |

* 1. Describe in detail the method to be used:

|  |
| --- |
|  |

* 1. Is the new method in accordance with the AVMA Panel on Euthanasia?

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

If **“NO”**, please provide the rationale for the deviation below.

|  |
| --- |
|  |