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| VIU%20logo_1 | Animal Care CommitteeREQUEST TO AMENDAN APPROVED PROJECT | | |
| **This form is for minor modifications ONLY (e.g. 1-2 animal users added or removed, a small number of animals added). Major modifications (e.g. a considerable increase of the number of animals required vs. the number in the original protocol, a change of species, use of more invasive or more frequent procedures, use of entirely new procedures) require that a new protocol be submitted to the ACC.**  **Please submit an e-copy of the completed *Request to Amend an Approved Project Application*** **including the updated original *Animal Use Protocol Application* to** [**acc@viu.ca**](mailto:acc@viu.ca)**.**  **Once approved, the Animal Care Committee will request a completed signed hard copy of the *Request to Amend an Approved Project Application*. Compliance with the original protocol is mandatory, except for amendments indicated and approved in this application.** | | | |  |  | | --- | --- | | Protocol Number:  Click here to enter text. | Date Received:  Click here to enter text. |   ***For Administrative Use Only:*** | |
| Current ACC Protocol Number: Click here to enter text. | | | | |
| Short Title of Project: Click here to enter text. | | | | |
| Principal Investigator/Instructor: Click here to enter text.  Faculty / Department: Click here to enter text.  Academic Position (Rank): Click here to enter text. | | | | |
| Office Address (Building and Room Number):  Click here to enter text. | | Lab Address (If Different):  Click here to enter text. | | |
| Complete Office Telephone Number: (###) ### - #### ext. #### | | Complete Lab Telephone Number: (###) ### - #### ext. #### | | |
| E-Mail Address: Click here to enter text. | | Fax Number: (###) ### - #### | | |

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| Declaration: I, the undersigned, assure that all animals used in this proposal will be cared for in accordance with the guidelines of the Canadian Council on Animal Care and the regulations of the Vancouver Island University Animal Care Committee.  Principal Instructor/Investigator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Name: Click here to enter text.  Date: (yyyy-mm-dd) Click down arrow to select a date. |

**For Administration Use Only**

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| **Committee Chair Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Start Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **End Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Description of Requested Amendments and Justification (Please also update affected sections in original Animal Use Protocol Application):**  Click here to enter text. |

### Animal Care Committee

### REQUEST TO AMEND AN APPROVED PROJECT

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| **1. Are the requested amendments the result of problems or unanticipated impacts on animals used? Yes**  **No**  **If yes, briefly describe the problems or unanticipated impacts and new procedures adopted to address them.**  Click here to enter text. |

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| **2. Other than the requested amendment(s), were there any other changes in conditions or techniques during the term of this protocol?**  **Yes**  **No**  **If yes, briefly describe other changes in conditions or techniques and new procedures adopted to address the changes.**  Click here to enter text. |
| **3. Were new or additional staff required during the term of this protocol? Yes**  **No**  **If yes, state name(s) (Also update Section IV. a Staff and Training table and Section VII. b. Procedures table in original Animal Use Protocol Application form).**  Click here to enter text. |

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| **Update the original Animal Use Protocol Application and submit along with this Application for Amendment.** | | | |
| **Indicate which Sections of the original approved protocol have been updated:** | | | |
| Section I  Section II  Section III  Section IV | Section V  Section VI  Section VII  Section VIII | Section IX  Section X  Section XI  Section XII | Appendix A  Appendix B |