

**Office Use Only:**  
**Amendment Number:**  
**Approval Date:**

## Amendment Form

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**Investigator:**

**Protocol Number:**

**TITLE of PROJECT:**

Please check the appropriate box(s) and fill in additional information as needed.

1.  **CHANGE TITLE TO:**
2.  **CHANGE FUNDING SOURCE TO:**
3.  **ADD\* OR DELETE ANIMAL SPECIES**      **Note: If adding species, justify the additional species.**  
**Specify addition or deletion, species and number:**

**Justification for additional species (if applicable).**

4.  **REQUEST ADDITIONAL ANIMALS\***  
**Species and number of animals requested:**

**Explain why you need additional animals and how you determined/justified the total number of animals requested.**

5.  **CHANGE A PROCEDURE\***  
ADD  DELETE  ALTER

Please designate whether you are adding, deleting or altering a procedure(s). Indicate species, # animals, treatments and drugs, routes of administration, dosages and schedules of drugs including analgesics and anesthetics, restraining devices, surgical procedures, euthanasia, expected consequences to the animal of the treatments or procedures, and alternatives if more than momentary or slight pain will be produced.

6. **\*Federal guidelines now require that Protocol Amendments include an updated “ALTERNATIVES” keyword search for a change of procedures or addition of animals. "Alternative" describes methods, models, and approaches that result in the reduction of number of animals used, that incorporate refinements of procedures which lead to lessing pain or distress, or that provide for replacement of animals. A new search using the same keywords from the original protocol may be sufficient.**
- 7.
- A. **List the sources or databases searched or other sources consulted:**
  
  - B. **List date(s) you conducted the search:**
  
  - C. **List time period covered by the search:**
  
  - D. **List the methods or key words and (or) search strategy used.**
  
  - E. **List results of the search:**

7.  Protocol Roster Update

**Identify the Principal Investigator(s) as well as all individuals** authorized to conduct procedures involving animals under this protocol. **Please include a complete roster that includes individuals that have been previously approved.** Please note that only TSU faculty members may be designated as PI or Co-PI in accordance with TSU IACUC General Operations Manual Section 3.4. (If not enough space provided attach a separate document.)

Role	Name	Position	Department	Email

**Principal Investigator:**

**Date:**

**Department Head/  
Supervisor:**

**Date:**

Submit this form electronically to: [iacuc@tarleton.edu](mailto:iacuc@tarleton.edu)