Amendment Request Form

Animal Care Committee

Protocol amendments may be submitted with an appropriate explanation to the Ontario Tech ACC. Any changes to your existing protocols (e.g., new procedures to animals) must receive approval by the ACC prior to these changes being implemented. The ACC will determine on a case by case basis if your amendments are significant in nature, and will require a **new** AUP submission. **Please allow sufficient time for review and submit your proposed amendments at least one month in advance of the proposed change.** This form must be filled out electronically with signature and submitted to [researchethics@ontariotechu.ca](mailto:researchethics@ontariotechu.ca). If you have questions or concerns, please contact the Research Ethics Coordinator, Janice Moseley, 905-721-8668 ext. 3693.

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| Protocol #:       Date Submitted:       Date Requested for Amendment Approval:  Project Title:  Principal Investigator (full name):  Co-Investigator(s) (Full name):  Department/Faculty: |

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| **1) Amendments:** please explain ALL changes to the currently approved protocol (i.e. new personnel and training, animal procedures, etc.) If a change to procedure, explain how many animals will be affected: | | | | | | |
| **2) Amendments:** Why are these Amendments necessary? | | | | | | |
| **3) Change in Number of Animals Required** | | | | | | |
| **Species/Strain** | **Quantity** | **Weight/Age** | **Gender** | **\*Acquisition**  **(Reuse/ Transfer/ Purchasing)** | **Housing**  **(Building & Room)** | **Experimental Area, Building & Room**  (surgery or procedure rooms) |
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| **\*Acquisition**: if animals are for REUSE, or TRANSFER from another protocol (include protocol title & number), or will require PURCHASING. | | | | | | |

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| **Signatures:**  By signing this Amendment Request Form, I acknowledge that the information provided is accurate and that no procedures or changes from those specified will occur until full approval is received from the Ontario Tech Animal Care Committee.  Amendment completed by (full name):    Signature of Principal Investigator / Course Instructor Date: |

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| FOR COMPLIANCE OFFICE USE ONLY  This Amendment Form has been reviewed by the Ontario Tech Animal Care Committee (ACC), and is approved based on the information provided.  Signature of Ontario Tech Animal Care Committee (ACC) Chair Date Signed:  Date of Amendment Approval: |