**ANIMAL COMPONENT OF RESEARCH PROTOCOL (ACORP)**

# Amendment Summary Form

This form may be usedto request approval for modifications to a previously approved ACORP as indicated below. Please type proposed changes in the currently approved ACORP word document and highlight. Refer to checklist “How to Submit and Amendment to the IACUC”

|  |  |  |  |
| --- | --- | --- | --- |
| PI Name/Ext: | ACORP Title: | Protocol #: | Current Amendment Submission date: |

**In 2-3 sentences, please summarize the proposed changes to your protocol:**

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| --- |
|  |

**Please check all boxes where changes in ACORP 4 are requested:**

**Note: for ACORP v.4 please go to** [**http://www.sfvafre.org/images/forms/AnimalForms/AS-Application/ACORP-4-New-version-Instructions-and-Forms.pdf**](http://www.sfvafre.org/images/forms/AnimalForms/AS-Application/ACORP-4-New-version-Instructions-and-Forms.pdf)

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| --- | --- | --- | --- |
| **ACORP sections that are requesting amendment. Mark an “X” in the box:** | **X** | **Item O** (Antibody Production, complete **Appendix 2** if changed to “yes”) |  |
| **Item A** (ACORP Status / PI information)  *If adding a species an existing study, see attached instructions “How to Submit and Amendment”* |  | **Item P** (Biosafety- Test Substances, complete/update **Appendix 3** if applicable) |  |
| **Item B, C** (Protocol Design etc.) |  | **Item Q** (Location of Procedures) |  |
| **Item D** (Animal Characteristics that justify usage) |  | **Item R** (body fluid, tissue and device collection, if R3 is “no” please complete **Appendix 4**) |  |
| **Item E, F, G** (Personnel and Training)  *If adding personnel, see attached instructions “How to Submit and Amendment”* |  | **Item S** (Surgery, if changed, please complete/update **Appendix 5**)  **Just personnel changes? ( ) yes** |  |
| **Item H** (specific animal information) |  | **Item T** (Endpoint Criteria) |  |
| **Item I** (USDA Category and animal numbers)  *How many* ***additional*** *animals are requested? \_\_\_\_\_*  *\*NOTE\* the justifications listed in item K must still apply or new/additional justification be provided.* |  | **Item U** (Euthanasia)  **Just personnel changes? ( ) yes** |  |
| **Item J** (Description of USDA Category D & E procedures) |  | **Item V** (Special Procedures, if changed please complete/update **Appendix 6**)  **Just personnel changes? ( ) yes** |  |
| **Item K, L** (Statistical justification for animal numbers, and Veterinary support) |  | **Item W** (Literature Search/Alternatives)  *If applicable, update literature/alternatives search* |  |
| **Item M** (animal husbandry) |  | **Item X** (Controlled Substances) |  |
| **Item N** (Housing Locations) |  | **Other Items** (please explain) |  |
| **………………………………………………………………………………………………………………………….**  ***Office use only:***  **Do changes requested impact the Chemical Hygiene and Biohazard Form (**     **) YES (**     **) NO**  **………………………………………………………………………………………………………………………...**  **CERTIFICATIONS:** | | |

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SRS Approval (if appl): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IACUC Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How to Submit an Amendment to the IACUC**

**Checklist**

***Note: SUBCOMMITTEE APPROVALS ARE REQUIRED FOR ANY CHANGE TO***

***AN APPROVED RESEARCH PROTOCOL***

FORMS ARE AVAILABLE AT [WWW.SFVAFRE.ORG](http://www.sfvafre.org/) AND ALSO HYPERLINKED IN THIS PAGE. [Animal Amendment Form](file:///R:\Research-Office\Science-Info\Animals\FORMS-%20Animals\AS-%20Amendments\Request%20for%20Approval-%20Amendment%20to%20Animal%20use%20study%20Form%203-2-15.doc)

**1.** PERSONNEL CHANGES

* VERIFICATION OF ENROLLMENT IN THE OCCUPATIONAL HEALTH

AND SAFETY PROGRAM or DECLINED. [OHSP enrollment form](file:///R:\Research-Office\Science-Info\Animals\Occupational%20Health%20and%20Safety%20Program\NEW%20OHSP%20FORMS%20and%20SPREADSHEET-%202014\packet_OHSP%20enrollmment%20cover%20page%202014%20updated.pdf)

* COMPLETE A SCOPE OF PRACTICE FOR NON-HUMAN USE

CONTACT THE SHAREPOINT MANAGER, David Freeman at

305-575-7000; EXT 4485 OR 3179. www.davidfreeman@va.gov

MAKE A COPY OF **ID BADGE (this is proof of WOC or VA appointment)**

**and CV** FOR STAFF COMPLETE A NEW OR MODIFY THE

[REPORT OF STAFF](file:///H:\Desktop\new%20appendix%20F-Report%20of%20Staff%20(3).docx)

* ANIMAL COURSEWORK CERTIFICATES. REGISTRATION AT

(<http://www.citiprogram.org>).

* COMPLETE BIOSAFETY TRAINING for authorization to work in lab(s)

**2**. ADDING AN ANIMAL PROTOCOL

* COMPLETE ([ACORP and appendices as applicable](file:///R:\Research-Office\Science-Info\Animals\ACORP%20version%204-%20new%20for%20JIT%20only\combined\Ver.4_ACORP%20Complete%20with%20appendices%20updated%20Jan2013.docx)), If adding a new or

making significant changes to existing ACORP

***NOTE: The Animals Studies and Biosafety Subcommittees work in conjuction with one another. Please contact the Biosafety Coordinator for questions about submitted an amendment for approval by the subcommittee at 4395 or 7743.***