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| **IACUC OFFICE USE ONLY**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project# \_\_\_\_\_\_\_\_\_\_Approval Date \_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_ |

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Texas A&M University-San Antonio

Animal Care and Use Committee

**Animal Use Protocol Amendment**

 (*please type*)

**PROJECT NUMBER:**

**ORIGINAL APPROVAL DATE:**

**DEPARTMENT:**

**ANIMAL LAB AREAS:**

**INVESTIGATOR:**

**PHONE: Lab**     **Office**      **Emergency**

**PROJECT TITLE:**

**TODAY'S DATE**:

F**UNDING AGENCY:**

Nature of request:

**1. New or additional title and/or funding agency?** Yes[ ]  No[ ]

If yes, provide title and/or name of agency:

**2. Inactivate project?** Yes[ ]  No[ ]  (no description or justification needed)

**3. Increase in maxed housed?** Yes[ ]  No[ ]

If yes, what is the new maximum? :

**4. Additional animals?** Yes[ ]  No[ ]

If yes: Name of Species:

 If yes: Numbers:

 This Subsequent Category

 year years (B-E)\*

(i) Currently approved:

(ii) Additional animals proposed:

(iii) New project totals:

 \* if Category D or E, attach justification.

**5. Request for additional procedures.** Yes[ ]  No[ ]

**6. Change in currently approved procedure.** Yes[ ]  No[ ]

**7. Request for deletion or change in animal species.** Yes[ ]  No[ ]

\*Attach on separate sheets a detailed description of all requested changes. You should explain why you are requesting the change and detail your objectives and experimental approach. Identify changes in USDA category, species or strains, numbers of animals, treatments, surgical procedures, anesthesia and euthanasia. If new species are to be used, provide documentation of new species-specific training.

**8. Changes in personnel?** [ ] Yes [ ] No

 If **yes**, please describe below:

NAME (degree) ROLE/TITLE ADDITION DELETION

             [ ]  [ ]

             [ ]  [ ]

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\*For new personnel, provide documentation of species-specific training.

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|  |
| Signature of Investigator | Date |

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APPROVAL:

 IACUC Chairman [ ]  Administrative [ ]  Full Committee [ ]