**University of the Philippines Diliman**

**Institutional Animal Care and Use Committee**

**REQUEST FOR MAJOR CHANGE TO AN ANIMAL USE PROTOCOL**

**Principal Investigator:** Click or tap here to enter text.

**Protocol Review #:** Click or tap here to enter text.

**Name of protocol or procedure:** Click or tap here to enter text.

**Approved protocol duration:** Start Date to End Date

Tick all changes that apply by clicking on the appropriate checkbox and provide the information being asked in detail.

[ ]  **Change in principal investigator**

Name: Click or tap here to enter text.

Qualifications:

*Provide the degree/s and training experience*

Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Reason for change:

 Click or tap here to enter text.

[ ]  **Change in study objectives**

*List all changes to the objectives of the study.*

 Click or tap here to enter text.

Reason for change:

 Click or tap here to enter text.

[ ]  **Change of approved animal species**

Approved animal species: Click or tap here to enter text.

Requested animal species:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Species** | **Strain** | **Source** | **Age** | **Weight** | **Sex** | **Number** |
| Common name(*Latin name*) |  |  |  |  |  |  |

Reason for change:

 Click or tap here to enter text.

[ ]  **Increase in the previously approved number of animals**

Previously approved number of animals: Click or tap here to enter text.

Requested number of animals: Click or tap here to enter text.

Reason for change:

 Click or tap here to enter text.

**Changes that have, or the potential to have a negative impact on animal welfare:**

*Tick all applicable and give a detailed explanation for each change.*

[ ]  Change in duration, frequency, type, or number of procedures to be done on an animal

[ ]  Change in anesthesia, analgesia, sedation, or experimental substance

[ ]  Change resulting in greater pain, distress, or degree of invasiveness

[ ]  Change in specimen and/or biological agent collection

[ ]  Change from non-survival to survival surgery, and vice versa

[ ]  Change in method of euthanasia

Reason for change/s:

 Click or tap here to enter text.

Signature of the Principal Investigator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UPD IACUC USE ONLY. DO NOT WRITE ANYTHING BELOW THIS LINE.**

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved by IACUC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted by the UPD IACUC Chairperson:

DR. CYNTHIA P. SALOMA