**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