

1 **University of the Philippines Diliman**  
2 **Institutional Animal Care and Use Committee**

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

5  
6 **Principal Investigator:** Click or tap here to enter text.

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

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

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

10  
11 Tick all changes that apply by clicking on the appropriate checkbox and provide the information  
12 being asked in detail.

13  
14  **Change in principal investigator**

15 Name: Click or tap here to enter text.

16 Qualifications:

17 *Provide the degree/s and training experience*

18 Click or tap here to enter text.

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

20 Contact number: Click or tap here to enter text.

21  
22 Reason for change:

23 Click or tap here to enter text.

24  
25  **Change in study objectives**

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

27 Click or tap here to enter text.

28  
29 Reason for change:

30 Click or tap here to enter text.

31  
32  **Change of approved animal species**

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

34 Requested animal species:

Species	Strain	Source	Age	Weight	Sex	Number
Common name ( <i>Latin name</i> )						

35  
36 Reason for change:

37 Click or tap here to enter text.

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39  **Increase in the previously approved number of animals**

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

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

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43 Reason for change:

44 Click or tap here to enter text.

Updated:

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**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: \_\_\_\_\_

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**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