Southeastern Louisiana University
Institutional Animal Care and Use Committee

Protocol Annual Update / Amendment Form

Protocol Title: ________________________________________________________________

Primary Investigator: __________________________________________________________

Additional Personnel Participating: ______________________________________________

IACUC Protocol#: _________________________________

1. This form is being used for: (Check all that apply.)
   — Annual Update (e.g., yearly collection permits/licenses)
   — Protocol Amendment (minor change in existing project/experiment)
   — Protocol Addition (addition of new project/experiment to existing protocol; if new project is extensive, IACUC may request a new protocol.)

2. Review original protocol and explain changes in the categories checked below: (Note: As part of this process, IACUC will review the original protocol and, if substantial changes are noted, IACUC may require submission of a new protocol.)
   — There have been no changes.
   — Changes in named personnel.

Persons deleted:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Persons added:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Answer the following for each individual added:

Name(s): ________________________________

a. Person has completed animal online-training and quiz. Yes[ ] No[ ]

b. Procedure(s) this person will perform: ________________________________

c. Species on which this person will perform stated procedure(s): ________________________________

d. How was (will) this individual (be) trained to do the procedure(s)? ________________________________

e. Who (will) provide(d) the training? ________________________________

f. Qualifications of this person to perform the procedure(s) and provide training? (Years previous experience and training) ________________________________
   __________________________________________________________
Changes in experimental procedures performed on animals (including site and method of confinement and restraint.)  
*Describe and give reason(s):*

Changes in agents or methods used to produce analgesia, anesthesia, or euthanasia.  
*Describe and give reason(s):*

Changes in numbers of animals used.  
*See original protocol for description of Categories. You cannot use more animals in this study than the number approved by the IACUC.*

<table>
<thead>
<tr>
<th></th>
<th>original numbers</th>
<th>requested change (+ or -)</th>
<th>new totals:</th>
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</thead>
<tbody>
<tr>
<td>Category A</td>
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<td>Category B1</td>
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<td>Category B2</td>
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*Justify Change(s)*

Note: Any increase in total number of animals exceeding 50% of the original total number of animals may require submission of a new protocol form rather than an amendment.
Changes in sponsor (funding agency). Describe:

Any other changes, not included above, that alter the use and care of animals in your study. Explain:

(In signing this, I attest that the animals covered by this protocol have not experienced more discomfort or pain than that which was stated in the original protocol, or as amended here, or in a previous form.)

Signature of Primary Investigator .......................................................... Date

For IACUC

History of Protocol:
Initial project dates: from ________ to ________

Annual Updates: 1st: ________, 2nd: ________

Amendment: 1st: ________, 2nd: ________, 3rd: ________,
4th: ________, 5th: ________

Chairman, Institutional Animal Care and Use Committee ........................................ Date

University Veterinarian .......................................................... Date