

PROTOCOL REVISION FORM
California State University, Northridge
Institutional Animal Care and Use Committee (IACUC)

USE THIS FORM TO ADD ADDITIONAL SPECIES OR RESEARCHERS TO AN EXISTING, APPROVED PROTOCOL.

Please answer all questions completely, obtain the necessary signatures, and return original to: Research and Sponsored Programs office, UN 275. You must also submit this form via email at iacuc@csun.edu. For questions, please email, or call Research and Sponsored Programs at (818) 677-2901. **Please type all responses.**

 Last Name First Name Telephone

 Department Mail Code

 Email Protocol Approval Number

 Project Title

Proposed Start Date	Proposed End Date		Species							
Species and Strain of Animal to be added	Animal Use A B C D			Animal Care Bldg/Rm	Arrival mo/d/yr	No of cages	Animals per cage	Days of care	Reuse/ Euthanize	Total animals/yr
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If animals are to be taken to another room for preparations and procedures, please indicate location:
 Building(s): _____ Room: _____
 Are there any specific requirements regarding the cleaning schedule for the animals to be used in this study?
 If yes, please describe. _____

ADDITIONAL RESEARCHERS:

__ Student	__ Faculty	__ Staff	_____	_____
			Name	
			_____	_____
			Signature	Date
__ Student	__ Faculty	__ Staff	_____	_____
			Name	
			_____	_____
			Signature	Date
__ Student	__ Faculty	__ Staff	_____	_____
			Name	
			_____	_____
			Signature	Date

Approvals: Signatures certify that adequate space, supervision, maintenance equipment and training in handling this particular species will be available.

Department Chair

Date

Vivarium Technician

Date

Principal Investigator Assurance: I agree to abide by the *Guide for the Care and Use of Laboratory Animals*, the USDA Animal Welfare Regulations (CFR 1985) and *Public Health Service Policy on Humane Care and Use of Laboratory Animals (1996)* and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. I also certify that the proposed studies do not represent unnecessary duplication of experiments. I will permit emergency veterinary care to animals showing evidence of pain or illness, if not the desired effect of the above-approved techniques. The information provided above is accurate to the best of my knowledge. If the date above, relating to Type C or D procedures, should require revision, I will inform the Institutional Animal Care and Use Committee. Appropriate space and funding have been arranged. The use of alternatives has been considered and found unacceptable at this time. I declare that all experiments involving live animals will be performed under my direct supervision or under that of another qualified scientist. Technicians who will be involved have been trained in proper procedures in animal handling and in any administration of analgesics/anesthetics, animal surgery, and euthanasia to be used in this project.

Principal Investigator or Faculty Advisor

Date

FOR IACUC AND RESEARCH OFFICE USE ONLY

Date received

Disposition: Approved See attached memo Other

Chair, IACUC, or Institutional Official

Date

Updated August 2018