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| **INSTRUCTIONS**:* Submit your completed application along with any required supplemental documentation (see Appendix A) to iacuc@une.edu for review.

***Note****: Modifications made to Supplemental Form A must be captured using track changes (****preferred method****), or highlighting the changes within the previously approved document.* * E-mail iacuc@une.edu for any questions you may have with regard to this form.
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| --- | --- |
| Version Date: | Enter date when form is first completed or date when form is last updated  |
| IACUC #: | Enter text |
| Project Title: | Enter text |

| 1. **ADMINISTRATIVE INFORMATION**
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| --- |
| **Principal Investigator Name¥**:Enter text | **You are**:[ ]  Faculty[ ]  Staff | **UNE Center or College**: | Enter text |
| **E-Mail**: | Enter text | **UNE Department**: | Enter text |
| **Phone #**: | Enter text |
| ¥ | *Per the federal regulations, only one individual can be named as the principal investigator of the project. UNE students are NOT permitted to serve in the role of principal investigator.* |

| 1. **REQUEST CHANGE IN PERSONNEL OR PERSONNEL ROLES/RESPONSIBILITIES**
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| 1. **Are you requesting a change in Principal Investigator?** [ ]  No [ ]  Yes *(see note below)*

*If ‘Yes’, do NOT proceed with submitting this form. A change in Principal Investigator cannot be administratively processed. Please submit an ‘****IACUC Amendment Form****’ for review instead.*  |
| 1. **You are**:*(select all that apply)*

[ ]  Adding personnel *(complete question ‘2a’ below)*[ ]  Removing personnel *(complete question ‘2b’ below)*1. List the name(s) and e-mail address of the personnel to be added:

Enter text1. List the name(s) of the personnel to be removed:

Enter text |
| 1. **If this amendment adds new personnel, briefly describe their role(s) or responsibilities**:

***Note****: Specify the animal procedure(s) the new personnel will perform. For each procedure, indicate whether they will require training and/or supervision in order to conduct the procedure independently.* Enter text |
| 1. **Does this amendment include a change in role or responsibility for current personnel?** *(e.g., current personnel will be tasked with conducting additional animal procedures not previously documented in the Supplemental Form A.*

[ ]  No [ ]  Yes *(specify below any new animal procedure(s) the individuals will perform, and indicate whether they will require training and/or supervision in order to perform each specific procedure independently)*Enter text |
| 1. **Have applicable IACUC documents been revised to incorporate the requested change(s)?** [ ]  Yes [ ]  No

***Note 1****: All modifications to IACUC documents must be captured using track changes (****preferred method****), or highlighting the changes within the Word document.* ***Note 2****: Please refer below for the IACUC document that must be revised.*

|  |  |
| --- | --- |
| If the old version of the Initial/De Novo IACUC Application was last submitted for review… | If the new version of the Initial/De Novo IACUC Application was last submitted for review… |
| Complete Supplemental Form A: Study Team Training & Qualification Summary (Use Rev 1 or higher) | Revise Supplemental Form A: Study Team Training & Qualification Summary (Use Rev 1 or higher) |

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| 1. **PRINCIPAL INVESTIGATOR ATTESTATION**
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| **Check the boxes below to confirm the following statements**:

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|[ ]  1. The individuals listed within this amendment are authorized to conduct procedures involving animals as part of this on-going proposal, have completed the institutionally required CITI training course(s) as outlined within the ‘**IACUC CITI Training Instructions**’ document available on the UNE IACUC [website](https://www.une.edu/research/integrity/iacuc), and have received training in the following areas:
2. The biology, handling, and care of the species identified in the protocol;
3. Aseptic surgical methods and techniques (if necessary);
4. The concept, availability, and use of research, teaching, or testing methods that limit the use of animals or minimize distress;
5. The proper use of anesthetics, analgesics, and tranquilizers (if necessary); and
6. Procedures for reporting animal welfare concerns and potential noncompliance.
 |
|[ ]  1. The information provided within this amendment is true and accurate.
 |

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**Appendix A: Submission Checklist**

| REQUIRED SUPPLEMENTAL DOCUMENTATION | Yes |
| --- | --- |
| 1 | Completion or revision of Supplemental Form A (use Rev 1 or higher)* *All modifications to IACUC documents must be captured using track changes (****preferred method****), or highlighting the changes within the Word document*
 |[ ]

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| **Applicant Remarks:** |
| Enter text |