|  |
| --- |
| **INSTRUCTIONS**:   * Submit your completed application along with any required supplemental documentation (see [Appendix A](mailto:Appendix%20A)) to [iacuc@une.edu](mailto: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](mailto:iacuc@une.edu) for any questions you may have with regard to this form. |

|  |  |
| --- | --- |
| 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** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **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** |
| --- |
| 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 text   1. 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) | |

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

**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* |  |

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