

**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 on line-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 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