**University of the Philippines Diliman**

**Institutional Animal Care and Use Committee**

**REQUEST FOR MAJOR CHANGE TO AN ANIMAL USE PROTOCOL**

**Principal Investigator:** Click or tap here to enter text.

**Protocol Review No.:** Click or tap here to enter text.

**Approval Reference No.:** Click or tap here to enter text.

**Name of protocol or procedure:** Click or tap here to enter text.

**Approved protocol duration:** Start Date to End Date

Listed below are sections in which a request for major changes are allowed.

**II. OBJECTIVE/S**

*List all changes to the objective/s of the study.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

**III. DURATION**

*Indicate the requested end date for your protocol.*

Click or tap to enter a date.

**Reason for change:** Click or tap here to enter text.

**IV. PRINCIPAL INVESTIGATOR**

*List the name, qualifications (degree/s and training experience), e-mail address, and contact number of the new principal investigator.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

**VI. DESCRIPTION OF METHODOLOGIES/EXPERIMENTAL DESIGN**

A. Animals

*Provide details of the new animal to be used (species, strain, source, age, weight, sex, and number) or the increased number of approved animal to be used.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

E. Experimental or animal manipulation methods

1. General description

*List any change that will result in greater pain, distress, or degree of invasiveness.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

3. Dosing

*List any change in frequency, volume, route, or experimental substance to be used.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

4. Specimen and/or biological agent collection

*List any change in specimen and/or biological agent collection.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

5. Animal examination procedure/s

*List any change in duration, frequency, type, or number of procedures to be done on an animal.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

6. Use of anesthetics

*List any change in anesthesia and/or sedation method.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

7. Surgical procedure/s

*Describe if changing from non-survival to survival surgery, and vice versa.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

8. Humane endpoints

*List any change in analgesia or method of euthanasia.*

Click or tap here to enter text.

**Reason for change:** Click or tap here to enter text.

Signature of the Principal Investigator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UPD IACUC USE ONLY. DO NOT WRITE ANYTHING BELOW THIS LINE.**

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved by IACUC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted by the UPD IACUC Chairperson:

DR. CYNTHIA P. SALOMA