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|---|---|---|---|
| UCC Universidad Central del Caribe | **MODIFICATION REQUEST FORM** | ***UCC/MRF*** | |
| | | Version# | **# 3** |
| | | Implementation Date | 2023.06.05 |
| | **Institutional Animal Care and Use Committee** | Last Reviewed/Update | 2023.06.04 |
| | | Approval by IACUC | |

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# MODIFICATION REQUEST FORM

**Instructions for filling out this form**

- This form is required in order to request changes to an approved IACUC protocol.
- Any changes requested cannot be implemented prior to the IACUC's review and approval.
- ***This form must be submitted via email to zilka.rios@uccaribe.edu or betzaida.torres@uccaribe.edu.*** Other modification requests will be sent to the Committee for review. The IACUC can request at any time that a new protocol be submitted if they determine that **too many modifications have been made to the original protocol application making it unclear.**
- A new protocol application must be submitted to incorporate for the following changes:
  - Changing the species used
  - Adding procedures that do not logically relate to the specific aims of the original protocol
  - A proposed major change in the scientific aims of the original protocol application
  - Switching from a non-survival to a survival surgery
  - Switching from single to multiple major survival surgeries (major surgery opens a body cavity)
  - Method of euthanasia

  When submitting a new protocol application for any of the above mentioned changes, please reference your current IACUC require a new protocol application in most cases of such requests and explain the changes you have added. This will assist the IACUC administrative staff in increasing the efficiency of your protocol review.
- **Requests to increase the number of animals by more than 25% may be submitted for review;** however, the IACUC requires that in most cases you submit a new application, using the Application for Protocol Approval Involving Laboratory Animal Use form.
- The electronic version of this application is available at ***http://www.uccaribe.edu/research/?page_id=3576*** and has to be submitted via e-mail at least two months before our scheduled meetings IACUC. IACUC approval needs to be obtained prior to beginning the research project. Hardcopy applications will not be processed.
- If you have any questions regarding this form, please contact Prof. Zilka Rios, President the IACUC office, at (787) 799-3001 extension 2082 or zrios@uccaribe.edu.

# MODIFICATION REQUEST FORM

 = Comments

| A. Protocol Information | | |
|---|---|---|
| 1 | Principal Investigator | |
| | Principal Investigator #2 (*if applicable*) | |
| 2 | Approved Protocol Number | |
| 3 | Protocol Title | |
| 4 | Phone Number | |
| 5 | E-mail Address | |

**B. Modification Information (only complete sections which apply to the changes you are requesting)**

6 Addition or deletion of an investigator ○ YES ○ NO

| Name | Position Title | Animal Training | | | Email | Telephone Number | Add or delete |
|---|---|---|---|---|---|---|---|
| | | Date (mm/dd/yyyy) | General Content | Species | | | |
| | ---------- | | | --------- | | | ---------- |
| | ---------- | | | --------- | | | ---------- |
| | ---------- | | | --------- | | | ---------- |
| | ---------- | | | --------- | | | ---------- |
| | ---------- | | | --------- | | | ---------- |

Indicate if the person is listed on an animal protocol from Universidad Central del Caribe or an Institution other than the Universidad Central del Caribe.

If any of the personnel added to this protocol are listed on animal protocols outside the Universidad Central del Caribe, please indicate the University or Institute for each person. The purpose of this question is to identify individuals who travel between different animal facilities and, therefore, may provide for potential cross-trafficking of infectious organisms.

| C. Protocol Title Change or Additional Protocol Title | ◯ YES | ◯ NO |
|---|---|---|

**If you require an additional title, you must complete Application for Protocol Approval Involving Laboratory Animal Use Form**

| | | |
|---|---|---|
| 7 | Previous title | |
| 8 | New title to replace the previous title | |
| 9 | Please state why these changes are requested | |
| | | |

| D. Anesthetic/Analgesic Changes | ◯ YES | ◉ NO |
|---|---|---|

*See: Recommendations for Aseptic Technique, Anesthesia, Analgesia and Post-Operative Care for Rodent Surgery*

| Proposed Anesthetic | Dose (mg/kg) | Route |
|---|---|---|
| | | ---------- |
| | | ---------- |
| | | ---------- |
| | | ---------- |
| | | ---------- |

| | |
|---|---|
| 10 | Please explain why you are adding/changing the anesthetic/analgesic. |
| | |
| 11 | Please indicate how you will monitor the effectiveness of the anesthetic/analgesic ***and*** identify the person in charge of monitoring. |
| | |

| E. Change in Euthanasia | | ○ YES | ○ NO |
|---|---|---|---|
| 12 | Previous Method of Euthanasia | | |
| 13 | Proposed Method of Euthanasia | | |

Is this method by ***approved euthanasia methods AVMA Guidelines 2020 edition***?
For more information, please visit:
https://www.avma.org/sites/default/files/2020-01/2020-Euthanasia-Final-1-17-20.pdf

| 14 | Please explain why this change is necessary. |
|---|---|
| | |

| F. Changes in Surgical Procedure (s) or Additional Surgical Procedure (s) Requested ○ YES ○ NO | | | |
|---|---|---|---|
| 15 | Please describe the change in surgical procedure or additional surgical procedure | | |
| | | | |
| 16 | Why is this change needed? | | |
| | | | |
| 17 | Will this change require additional animals? | ○ YES | ◉ NO |
| 18 | Will anesthetics/analgesics be given?<br>If yes, section D must be completed | ○ YES | ◉ NO |
| 19 | Please describe any expected and/or potential complications. Your answer must include the frequency of these complications and how you will address them. | | |
| | | | |

| G. Requesting an Increase in Animal Numbers ◯ YES ◯ NO | | |
|---|---|---|
| Strain | Number of Additional Animals Requested | % Increase from the original protocol |
| | | |
| | | |
| | | |

| | |
|---|---|
| 20 | Please explain the need for additional animals and offer statistical justification when appropriate. The IACUC generally requires that **increases above 25% submit a new protocol application;** however, all requests will be reviewed. |

| H. A Non-Surgical Procedure ◯ YES ◯ NO | |
|---|---|
| 21 | Please describe the change or additional procedure. |

Please provide justification (s).

| I. Changes in Animal Strain | | ○ YES | ◉ NO |
|---|---|---|---|
| 22 | Species Used: | ---------- | |
| 23 | Previous Strain Used: | | |
| 24 | Proposed Strain: | | |
| 25 | Will this change require additional animals? | ○ YES | ◉ NO |
| 26 | Please state why this change is necessary. | | |
| | | | |

| J. Special Housing Requests | ○ YES | ◉ NO |
|---|---|---|
| 27 | Please explain in detail your request for special housing considerations. | |
| | | |
| 28 | Why are these changes necessary? | |
| | | |

| K. Change in Husbandry Procedures | ○ YES | ◉ NO |
|---|---|---|
| 29 | Please explain in detail the changes you are requesting regarding animal husbandry: | |
| | | |
| 30 | Why are these changes necessary? | |
| | | |

| L. Modify or Add New Tests or Agents | ○ YES | ◉ NO |
|---|---|---|

**The authorization of the corresponding committee representative is previously necessary.**

| | Please list which drug or agent(s) you wish to add to your protocol: | Dose (kg/mg) | Route | Frequency | Duration of treatment |
|---|---|---|---|---|---|
| 31 | Biological: *(administration of nucleotides, human or animal origin cells, body fluids, recombinant DNA, RNA, infectious agents, and other biological hazards to the animals)* | | ---------- | | |
| 32 | Tumor Lines/Body: *(administration of any genetically modified tissues, cells, viruses, or vectors into animals)* | | ---------- | | |
| 33 | Radioisotopes or ionizing radiation | | ---------- | | |
| 34 | Hazardous Chemicals | | ---------- | | |
| 35 | Antibiotics | | ---------- | | |

| | |
|---|---|
| 36 | Why are these changes requested? |
| | |
| 37 | Will this change require additional animals? ○ YES ◉ NO |
| 38 | Describe any expected or potential complications that may arise as a result of these new tests or agents. You must also describe the frequency for each complication and indicate how you will address each complication if/when it occurs. |
| | |

| M. Other Changes that Logically Relate to the Specific Aims of the Original Protocol Application | ○ YES | ◉ NO |
|---|---|---|
| 39 | List other changes that need to be made to the IACUC application that are not addressed above and explain why these changes needed. | |
| | | |

## N. PRINCIPAL INVESTIGATOR CERTIFICATION.

**Your electronic signature** response on this protocol form certifies your agreement to the following terms.

- I certify that the methods described here will be used, and the researcher will amend this modification request as needed to reduce animal discomfort, reduce pain and use new techniques are identified.

- I certify conduct will be in accordance with the PHS Policy, Guide for the Care and Use of Laboratory Animals, DEA regulations, and IACUC Policies When there is a change in the regulations of any Animal Regulatory Agency, the IACUC will notify the principal investigator so they can request a Protocol Modification to comply with the change if needed.

- I certify that the described animal use **does not duplicate previous or existing studies** or is intended to verify previous research.

- I certify that the description of the research as provided in this application is complete and accurate.

- I certify that I will submit any changes to this description to the IACUC for written IACUC approval prior to implementing any changes.
- I understand non-expired drugs and biomedical supplies will be used.
- I understand that complete animal husbandry and procedural/surgical/testing records will be maintained.
- I understand that in the event that I cannot be contacted, any animal that shows evidence of distress, illness or pain, emergency care, including euthanasia if necessary, will be taken care by the veterinary medical staff.
- I understand the personnel is certified, adequately trained and experienced. All training has a maximum duration of three years.
- I ensure that I will inform any recipient (not listed in section B) of any hazard associated with the use of animal body fluids or tissue derived from the studies described in this protocol.

- I certify all activities undertaken as part of this proposal have been fully described in this application. Only activities listed on approved IACUC protocols will be conducted by the investigator, co-investigator, or staff. The research will be suspended at any time the work fails to comply with the PHS, or IACUC policy. The institution is required to report instances of noncompliance to funding agencies, and the public health service. These reports become a matter of public record through the agency websites.

**I understand absolutely no research may begin or implemented until final IACUC approval is granted.**

| | |
|---|---|
| Today's Date *(mm/dd/yyyy)* | |
| Signature: | |

# MODIFICATION REQUEST
# FOR OFFICIAL USE OF IACUC MEMBERS

**Your determination does not decide the action of this request.**
**This information will be evaluated and presented at the IACUC meeting to make a final decision on its approval.**

| | |
|---|---|
| **Member of IACUC (name):** | |
| **Principal Investigator:** | |
| **# of Protocol:** | |

**ACTION:**

- Approved: ○
- Approved with suggestions (Please, write the suggestions below): ◉
- More information is required (please, specify what kind of information below): ○
- Not approved (Please, specify the reasons below): ○