**Universiti Putra Malaysia**

***Office use only***

***Date of receive:***

***Date of meet:***

**Institutional ANIMAL CARE AND USE COMMITTEE**

***Animal Utilisation Protocol (AUP) Amendment Form***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **All amendments to the AUP need to be reviewed and approved by the IACUC**.  **Please fill out this form, sign, and forward to:**  The Secretariat, Institutional Animal Care and Use Committee,  c/o, Unit of Ethics Research, Level 4, Office of the Deputy Vice Chancellor (Research & Innovation), Universiti Putra Malaysia.  Attention to: Ms. Nor Ellia Abd Ajis, email: [n\_ellia@upm.edu.my /](mailto:n_ellia@upm.edu.my%20/) [iacuc@upm.edu.my](mailto:iacuc@upm.edu.my) , Phone: 03-8947 1244/1605 | | | | | |
|  | | | | | |
| **Principal**  **Investigator** | |  | | **AUP No.** |  |
| Department | |  | Phone | |  |
| Address |  | | E-mail | |  |

|  |  |
| --- | --- |
| Project Title |  |
| Funding Source |  | |

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|  |

This application **requests** amendment of the animal utilisation protocol for the above project by additions, deletions or changes in (*check and tick the box that apply*):

1. Project title or funding source *(state the changes)*

2**.** Animal genetic background or strain

*New transgenic rodent strains may be added* ***only*** *if the project already includes transgenic rodents,* ***and*** *the new strain*

*does not involve* ***a)*** *any pathogenic vector,* ***b)*** *the expression of any biotoxin, or* ***c)*** *any gene that would require more*

*than Biosafety Level (BSL) 1 containment.*

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| --- |
| Justification for changes in strain or species *(box will expand with text entry):* |
|  |

3. Number of animals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Add** | **Delete** | **Strain/Species** | **Number originally approved** | **Number to be added** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| Justification for any additional animals *(Please provide references where appropriate)*: |
|  |

4. Animal source, animal care facility, housing unit or field site

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| --- |
| Describe reason below*:* |
|  |

5. Administration of experiment/treatment as it relates to timing, dose, route of administration and/or specific chemical composition

|  |
| --- |
| Describethe change and reason for the change *(Please provide references where appropriate)*: |
|  |

6. Personnel (other than the Principal Investigator)

|  |  |  |  |
| --- | --- | --- | --- |
| **Add** | **Delete** | **Name** | **Explain specific role(s) of new personnel in this project and describe the experience with the specific procedures to be performed and/or who will train.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

7. Disposition of Animals/Carcasses at End of Project

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| --- |
| Describe the change and reason for the change *(if you are adding transfer as a means of disposition, please state the AUP Number, what procedures the animals have already undergone and what procedures they will be subjected to, on the AUP that you wish to transfer them to):* |
|  |

8. Others

|  |
| --- |
| Any other changes that are not listed above*:* |
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| DECLARATION |
| To the best of my knowledge, I certify the accuracy of the information provided and reassert my intention to conduct the project according to the IACUC approved protocol and abide by UPM policy and IACUC guidelines involving the care and use of animals.   |  |  | | --- | --- | | Signature and stamp of Attending Veterinarian:  Date: | Signature and stamp of Principal Investigator:  Date: | |

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| --- |
| FOR IACUC USE ONLY |
| Any comments/suggestions by IACUC chairman/member: |
| Recommendation by IACUC chairman/member:   |  |  |  | | --- | --- | --- | | Approve | Approve with revisions | Full committee review required | | Invite researchers to present/discuss | | Invite attending veterinarian to discuss |   Signature/Name:  Date: |