**GAQ IACUC AMENDMENT FORM COVER SHEET**

Prior to completing and submitting an amendment application, you must update appropriate Georgia Aquarium representatives on the changes being requested. All Principal Investigators must collaborate with Georgia Aquarium’s compliance, research, and/or veterinary departments prior to submitting an Amendment Application to the IACUC. This collaboration can be established by e-mailing the Research and Conservation Department at ([gairesearch@georgiaaquarium.org](mailto:gairesearch@georgiaaquarium.org)).

**Applications that do not have the appropriate code(s) will be immediately sent back to you.**

Once you have worked with the Research & Conservation Department to select and complete the correct forms, please submit them as Word documents to [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org).

**Pre-Approvals Required:**

|  |  |  |
| --- | --- | --- |
| 1. **Research & Conservation Director**\***:** All submissions to the IACUC must have an approval code from this director and a GAQ “Projects and Partnerships Request Summary” on file. | → Code Here | |
|  |  |  | |
| 1. **Animal Care Director:** Any submission that includes live animals being housed at Georgia Aquarium. | → Code Here | |
|  |  |  | |
| 1. **Compliance Officer:** Any submission that includes a request for animal or habitat records (not including wild populations). | → Code Here | |
|  |  |  | |
| 1. **Animal Health Veterinarian or Manager:** Any submission that includes live animals or their samples being housed at Georgia Aquarium. | → Code Here | |

**GAQ IACUC AMENDMENT FORM**

**Protocol Information**\*

|  |  |  |  |
| --- | --- | --- | --- |
| Protocol Title:\* | → Response Here | | |
|  |  |  |  |
| Principal Investigator:\* | → Response Here | Protocol #:\* | → Response Here |

**Sections Being Amended**\*

**Level 1 Project:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | A1. Personnel Information |  | B3. Archived Sample Handling & Shipping |
|  |  |  |  |
|  | A2. Study Type |  | B4. Archived Data Requested |
|  |  |  |  |
|  | A3. Emergency Veterinarian Contact |  | B5. Data and Media End Use |
|  |  |  |  |
|  | B1. Scientific and Species Justification |  | C1. Permits |
|  |  |  |  |
|  | B2. Archived Samples Requested |  | C4. Sponsor |

**Level 2 Project:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | A1. Personnel Information |  | D2. Physical Restraint |
|  |  |  |  |
|  | A2. Study Type |  | D3. Secondary Research |
|  |  |  |  |
|  | A3. Emergency Veterinarian Contact |  | D4. Alternative Husbandry Requirements |
|  |  |  |  |
|  | B1. Scientific Justification |  | E. Research with D or E Pain |
|  |  |  |  |
|  | B2. Species Justification |  | F. In Situ (Wild Populations) Research |
|  |  |  |  |
|  | B3. Target Animal Numbers & Justification |  | G1. Endpoints |
|  |  |  |  |
|  | C1. Detailed Animal Use Narrative |  | G2. Euthanasia Plan |
|  |  |  |  |
|  | C2. Specimen Collection |  | G3. Final Disposition Plan |
|  |  |  |  |
|  | C3. Animal Identification |  | H. Animal Handling Personnel |
|  |  |  |  |
|  | C4. Archived Samples or Data |  | I1. Permits |
|  |  |  |  |
|  | C5. Data and Media End Use |  | I2. Internship Project |
|  |  |  |  |
|  | D1. Controlled Substances |  | I4. Sponsor |

**Description of Changes**\*

|  |
| --- |
| **For minor amendments:** |
|  |
| 1. Please copy and paste the original verbiage from the approved protocol that you would like to change:\* |
|  |
| → Response Here |
|  |
| 2. Describe below what changes you would like to make:\* |
|  |
| → Response Here |

|  |  |
| --- | --- |
| **For significant amendments:** | |
|  | |
| 1. Briefly describe the changes you would like to make:\* | |
|  | |
| → Response Here | |
|  | |
|  | I understand that I must include these changes in the full application package and re-submit it with this form. |

**Agreement to Terms and Conditions**\*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| By signing below, I understand that protocol amendments cannot be implemented until approval is granted by the IACUC.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name:\* | → Response Here | | | Date:\* | → Response Here | | |  | | | | | | | Principal Investigator Signature:\*  To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. | | | **A white square with a blue border  Description automatically generated** | | | |
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| --- |
| Examples of **minor amendments** include, but are not limited to:   * Substitution in personnel (other than the PI) * Small increase in the number of animals (<10%) * Additional sample collection (non-surgical procedure) * Addition of non-invasive, non-surgical procedures * Addition of drugs or treatments use to ameliorate pain or suffering from complications associated with an approved surgery/procedure   Examples of **significant changes** include, but are not limited to:   * Objectives of the study. * Addition of minor or major surgery. * Change in species used or addition of a USDA regulated species. * From non-survival to survival surgeries/procedures and vice versa. * Resulting in greater discomfort or in a greater degree of invasiveness. * Species or in approximate number of animals used (> 10%). * Changes in drugs used or methods for anesthesia, analgesia, or euthanasia, including to add or withhold. * Duration, frequency, or number of procedures performed on one animal. * Need to repeat an experiment utilizing more animals. * Addition of procedures with the potential to cause pain or distress. * Addition of procedures that may result in unexpected death or other complications not described in original protocol or change the endpoint to death. * Changes that would render immune competent animals immunocompromised. * Change to a location where all or part of the study will be done. * Addition of prolonged restraint procedure. |