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|  | **Request for Amendment****Animal Ethics Committee (AEC)** |
| **Please read these instructions before completing this request.*** Use this form to make amendments to an approved AEC project. All changes made to the original AEC approved application and additional documents must be highlighted in between two asterisks\*\* or with track changes if using MS Word form. Please ensure to update all the relevant sections of the approved application.
* All references to updating of the application form are to the current application form. Use the most appropriate section if the section numbers do not correspond with an application made on an older form.
* All attachments must be resubmitted with the revised application including timeline(s), monitoring sheet(s), phenotype report(s), training and assessment plan(s) and any other documents.
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| 1. **Details of the approved project**
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| **AEC Number**  |       |
| **Project Title** |       |
| **Approval Dates** | Commencement date:       | Current completion date:       |
| **Principal Investigator** |       |
| **Any previously approved amendment(s)?**  | [ ] YesPlease state the previously approved amendment number(s) and date(s) and briefly outline each request (e.g., time extension).      | [ ] No |

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| 1. **Requested change(s)**
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| **2.1** [ ]  **Time extension** |
| Please state the proposed new completion date and the reason(s) for the requested time extension.      |
| **Please update the appropriate section of the approved application.** |

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| **2.2** [ ]  **Additional animals**Add rows, as required. |
| **Source of animals** | **Species** | **Strain**(Provide details for GM animals) | **Sex** | **Age** | **Number approved** | **Number used to date** | **Number of** **additional** **animals** **requested**  | **IBC** **approval** **number**(if applicable) | **Phenotype Report** | **Permit** |
|       |       |       |      |     |       |       |       |       | [ ]  N/A[ ]  Attached | [ ]  N/A[ ]  Required |
|       |       |       |      |     |       |       |       |       | [ ]  N/A[ ]  Attached | [ ]  N/A[ ]  Required |
| Clearly state the reason(s) the additional animals are needed.      |
| Please justify the number of animals requested.      |
| What procedures are to be carried out on these animals? Details are not required if the procedures have already been approved for the project. For new or altered procedures, details must be provided in Section 2.5 below.       |
| Please provide a timeline of the complete experience of each cohort of these animals.      |
| **Please update all relevant sections of the approved application.** |

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| **2.3** [ ]  **Additional personnel-** duplicate this section and complete it for each new person involved in procedures on animals. |
| **Title/Full Name** |       | **Telephone - Business** |       |
| **Position** |       | **Telephone - After hours** |       |
| **School/Institute** |       | **Staff ID/Student ID** |       |
| **Email** |       | **Attended compulsory AEC Induction Workshop?** | [ ]  **Yes -** date attended:       |
| [ ]  **No** |
| **List the procedures this person will be performing in this project and provide details of any training required. Duplicate this section for each procedure this new person will perform on animals.** |
| **Procedure:**       | **Species:**       |
| **Verified Competent on TRACR?** | [ ]  **Yes**[ ]  **No**- completed *Confirmation of Competency* form attached[ ]  **No**- will undertake LARTF training[ ]  **No**- will undertake other training **Trainer’s Name:**       **A completed *Training and Assessment Plan* must be attached** |
| **Please update the personnel details section of the approved application.** |

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| **2.4** [ ]  **Removal of personnel** |
| **Title/Full Name** |  |
| **Reason for removal** |  |
| **Please update the personnel details section of the approved application.** |

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| **2.5** [ ]  **Other** (e.g., change in technique, procedure, experimental design, husbandry, location of research or teaching). The AEC will determine if the change is significant enough to require a new application. |
| Please provide full details, including a justification for the change and measures taken to ensure animal well-being. |       |
| **Please update all relevant sections of the approved application.** |

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| **2.6** [ ]  **Expected Mortality Rate (EMR)**Excluding humane killing as an experimental endpoint, is the expected mortality rate\* (EMR) likely to increase as a result of this amendment? (\*Mortality includes morbidity resulting in humane killing.).  |
| [ ]  **Yes-** complete this section for each new or changed circumstance for which the expected mortality rate is greater than zero. | [ ]  **No**- mortalities not included here will be regarded as unexpected adverse events for which an *Unexpected Adverse Event Report* must be submitted.  |
| **Protocol** | Brief description of protocol:      |
| EMR as a percentage of the number of animals that underwent this protocol:      |
| Justification of EMR:      |
| Measures taken to minimise EMR:      |
| **Please update all relevant sections of the approved application.** |

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| 1. **List of attached documents**

Include all monitoring sheets and all previously approved documents |  |
| **Document name** | **Version number**  | **Version date** |
| Amended application form |       |       |
| Insert document name |       |       |
| Insert document name |       |       |

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| 1. **Declaration**
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| **By submitting this request, I, the Principal Investigator, declare that**[ ]  Due care has been taken to ensure that the information I have provided is true and correct.[ ]  Additional personnel named in this request, if any, have read the revised application, understand their role and agree to perform their role strictly in accordance with that which is approved by the AEC.[ ]  The information contained in this request is given on the basis that it remains confidential in accordance with relevant University and statutory requirements. |
| **How to submit this form** |
| The Principal Investigator must submit this *Request for Amendment* to animalethics@latrobe.edu.au from their La Trobe University email account, **with** **all personnel named in Section 6.2 of the amended application (other than LARTF staff) cc’d in the email**. |