This checklist should be used for all major revisions. A revised application must also be included with all major revisions. Any information edited or changed in the application must be highlighted.

Section 1

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| --- | --- | --- | --- |
| **IACUC #** |  | **Principal Investigator Name** |  |
| **IACUC Study Title** |  |
| **PI Signature** |  | **Date** |  |
| **Major Revision Type** | [ ] Major revision only (complete Section 2)[ ] Minor/Major revision combination (Complete Section 2 and Section 3) |

Section 2

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| Please briefly describe the major revision below:  |
|  |

Section 3

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| **Minor Revisions** |
| [ ]  Administrative changes (changing titles, contact information, etc.) | [ ]  Addition of animals that exceeds 10% of original approval numbers |
| [ ]  Changes in delegation of the provision of care or husbandry | [ ]  Addition of drugs to induce a transgene expression |
| [ ]  Study or funding source | [ ]  Change in tissue collection method for genotyping |
| [ ]  Addition of animals that does not exceed 10% of original approval numbers | [ ]  Addition of non-invasive procedures similar to ones currently approved in the protocol |
| [ ]  Change in housing or facility | [ ]  Changes in blood draw techniques |
| [ ]  Addition or removal of personnel | [ ]  Changes in experimental drug route or dose of an approved drug |
| [ ]  Removal of a species, agents, or experimental procedures from a protocol | [ ]  Changes in non-standard diets or addition/deletion of supplements |
| **Please describe the minor revision/s below:** | [ ]  Changes in strain, sex, source, or age of animals |
| [ ]  Changes in surgery length |
| [ ]  Changes or additions of veterinary therapeutic drugs |
| ☐ Changes or additions to anesthesia monitoring methods |
| [ ]  Changes or additions to environmental enrichment methods |
| [ ]  Changes or additions to identification methods |
| [ ]  Changes or additions to sterilization/Disinfection methods |
| [ ]  Changes or additions to supportive care (i.e. supplemental heat, IV fluids, etc.) |
| [ ]  Changes or additions to the anesthetics or analgesic regimen |
| [ ]  Changes or additions to the euthanasia methods which are AVMA acceptable |
| [ ]  Changes to wound closure type, technique, or removal date |
| [ ]  Increasing the number of collections for tissue or fluid collections currently listed in the protocol |