**REQUEST FOR AMENDMENT**

**OF**

**APPROVED ANIMAL RESEARCH ETHICS APPLICATION**

1. **Approved protocol details**

|  |  |
| --- | --- |
| **Approved protocol ID** | **Protocol expected end date** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Principal Investigator: |  |
| Faculty/Unit: | FHS [ ]  | ICMS [ ]  | Other unit:  |
| UM email address: |  |
| Contact No.: | Office: | Mobile: |

1. **Modification(s) summary**

*Check the box of each applicable modification.*

|  |  |
| --- | --- |
| **Item** | **Section** |
| [ ]  Extension of protocol date | C1 |
| [ ]  Change in location (holding/procedure) | C2 |
| [ ]  Addition of personnel(s) | C3 |
| [ ]  Addition of animals | D |
| [ ]  Change of animal type/ strain/ species | D |
| [ ]  Modification of treatment (See notes) | E1 |
| [ ]  Modification of procedure (See notes) | E2 |
| [ ]  Other | F |

Notes:

1. The increase or decrease of drug dosage, changing the route of administration and/or anaesthetics, treatment time, and adding a treatment group and/or positive control group are all subject to amendment.
2. The testing of another drug is *not* within the scope of an amendment. However, if the drug is a derivative or analogue of the drug in an approved application, an amendment application may be considered.

|  |
| --- |
| ***FOR ANIMAL RESEARCH ETHICS SUB-PANEL USE ONLY*** |
| ***Amendment ID*** |  |
| ***Chairperson/ Delegate*** |  | ***Decision*** |  |
| ***Signature*** |  | ***Date*** |  |

1. **General modification**
2. Extension of protocol date

|  |  |  |
| --- | --- | --- |
|  | **Original** | **Extended to**  |
| Expected end date\* |  |  |
| Justification |  |

*\*Each approved protocol can only be extended once for a maximum of three years.*

1. Change in location *(Check applicable boxes and fill in room number)*

|  |  |  |
| --- | --- | --- |
|  | **Original** | **Proposed change** |
| [ ]  Holding location |  |  |
| [ ]  Procedural location |  |  |
| Justification |  |

1. Addition of personnel

*(All personnel listed should have been trained.) (Rows can be added if needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name of personnel** | **Staff / Student no.** | **UM email address** | **Institution that provided the training for animal handling** | **Training date for animal handling***(dd/mm/yyyy)* |
| Chan Tai Man | XXXX-X | xxxx@um.edu.mo | University of Macau  | 21/09/2020 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **Animal request modification**

*(Copy & paste the table below if different animal type, species and/or strain is needed)*

|  |  |  |
| --- | --- | --- |
|  | **Original** | **Proposed modification** |
| Animal type | [ ]  Mice (M) [ ]  Zebrafish (Z) [ ]  Rats (R) [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Mice (M) [ ]  Zebrafish (Z) [ ]  Rats (R) [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_ |
| Species/ strain |  |  |
| Total number |  |  |
| Age |  |  |
| Gender |  |  |
| Other description *(if applicable)* |  |  |
| Justification |  |

1. **Procedural and experimental modifications**
2. Treatment & anaesthetics

*(Copy & paste the table below if more than one drug /compound is modified.)*

|  |  |  |
| --- | --- | --- |
|  | **Original** | **Proposed modification** |
| Name of anaesthetics / drug |  |  |
| Dosage |  |  |
| Frequency/ Time period |  |  |
| Administration method | [ ]  Oral gavage [ ]  Intravenous injection [ ]  Subcutaneous injection [ ]  Intraperitoneal injection[ ]  Intramuscular injection[ ]  Other *(Specify in justification)* | [ ]  Oral Gavage [ ]  Intravenous injection [ ]  Subcutaneous injection [ ]  Intraperitoneal injection[ ]  Intramuscular injection[ ]  Other *(Specify in justification)* |
| Justification |  |

1. Other animal manipulations

|  |  |
| --- | --- |
| Type | [ ]  Disease model [ ]  Animal care (feeding/water)[ ]  Tissue/blood sampling [ ]  Operation [ ]  Other |
| Description |  |
| Justification |  |

1. **Other modifications**

|  |  |
| --- | --- |
| Description |  |
| Justification |  |

1. **Principal investigator declarations**
2. I certify that the individuals listed in Section C3 have received sufficient training to handle and take care of this animal species, and are authorized to perform procedures using this species for aseptic surgeries including the proper use of anaesthetics, analgesics, and any other drugs when necessary under this proposal. The authorized individuals listed in Section C3 will comprehend the principle of 4R (reduction, replacement, refinement, responsibility) and imply this principle when they design the animal experiments. They will also use research methods and procedures that can minimize the distress of animals and concern their welfare.
3. I certify that I am responsible for the professional conduct of all personnel listed in Section C3.

|  |  |
| --- | --- |
| **Principal Investigator:**  |  |
|  |  |
| **Signature:**  |  | **Date:** |  |