**AEC Protocol Amendment Form**

**Part A: General Project information ( to be copy and paste from the Protocol )**

|  |
| --- |
| Click or tap here to put image of Part A |

**Part B: This amendment is written to request a change in/addition of**

(Check all that apply and answer only the questions relevant to the amendment request):

**B1. Administrative Details**

Personnel change (Go to Question 1)

Funding agency change (Go to Question 2)

Project title change (Go to Question 2)

Other change (Go to Question 3)

**B2. Protocol Details**

Housing Location(s) (Go to Question 4)

Animal numbers (Go to Question 5)

Species/strain (Go to Question 5)

Amending Procedure (Go to Question 6)

New procedures

Procedure location

Drugs/agents

Hazardous agent

Collection

Breeding (Go to Question 7)

Housing/husbandry (Go to Question 8)

Euthanasia/endpoints (Go to Question 9)

Other (Go to Question 10)

**Part C: Amendment**

**CI. Administrative Changes**

# 1. Personnel (One form per Personnel Change.)

1a. Removal of study personnel

Name of Individual to be removed:

|  |
| --- |
| Click or tap here to enter text. |

Name of Individual to take over Duties of Individual Removed:

|  |
| --- |
| Click or tap here to enter text. |

1b. Addition of study personnel:

1. Individual to be added

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Name | A/H# | Animal License# | Position | Qualification | Relevant Experience if applicable |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Procedures to be performed

Breeding  Euthanasia  Surgery  Restraint  Injections

Drug/agents administration  Hazardous Agents  Specimen Collection

Other If Other, list:

|  |
| --- |
| Click or tap here to enter text. |

Check each species this person will be working with on this protocol

Mice  Rats  Rabbits  Frogs  Fish

Other, list all in the box below:

|  |
| --- |
| Click or tap here to enter text. |

# 2. Funding agency &/or project title change

2a. Provide name of new sponsor:

|  |
| --- |
| Click or tap here to enter text. |

2b. Provide name of grant title if changed:

|  |
| --- |
| Click or tap here to enter text. |

# 3. If Other, please specify (please use this space for comments or description of other amendments requested)

|  |
| --- |
| Click or tap here to enter text. |

**C2. Protocol Changes**

# 4. Housing location(s)

4a. Provide new location animals will be housed

|  |
| --- |
| Click or tap here to enter text. |

4b. Provide justification for location outside of 7H or 7J

|  |
| --- |
| Click or tap here to enter text. |

# 5. Animal numbers &/or species

5a.  Animal numbers (Please justify additional numbers)

|  |
| --- |
| Click or tap here to enter text. |

5b.  Species

5bi. Please list new species

|  |
| --- |
| Click or tap here to enter text. |

5bii. Justify the need for new species

|  |
| --- |
| Click or tap here to enter text. |

5c.  Strain (Please list the new strains)

|  |
| --- |
| Click or tap here to enter text. |

# 6. Amending Procedure

6a.  New procedures (Please describe changes to the AEC approved research protocol)

|  |
| --- |
| Click or tap here to enter text. |

6b.  Procedure Location (Where is the new location?)

|  |
| --- |
| Click or tap here to enter text. |

6c.  Drugs/agents (Please describe changes to the AEC approved drug protocol)

|  |
| --- |
| Click or tap here to enter text. |

6d.  Hazardous agents (Please describe changes to HSEO/ AEC approved hazardous agents protocol)

|  |
| --- |
| Click or tap here to enter text. |

6e.  Specimen collection (Please describe changes to specimen collection protocol)

|  |
| --- |
| Click or tap here to enter text. |

# 7. Breeding (Please describe changes to AEC approved breeding protocol)

|  |
| --- |
| Click or tap here to enter text. |

# 8. Housing/husbandry (Please describe changes to the AEC approved housing/husbandry protocols)

|  |
| --- |
| Click or tap here to enter text. |

# 9. Euthanasia/endpoints (Please describe changes to the AEC approved euthanasia/endpoint protocols

|  |
| --- |
| Click or tap here to enter text. |

# 10. If other, please specify (please use this space for comments or description of other amendments requested)

|  |
| --- |
| Click or tap here to enter text. |

# Part D: Declaration (To be completed by Principal Investigator)

I certify the following:

The information provided in this AEC/amendment Form is complete and accurate.

This project will be conducted in accordance with the policies and procedures of the Hong Kong University of Science & Technology regarding the care and use of laboratory animals and in full compliance with Cap 340 of the HKSAR.

All personnel who work with animals under this protocol have received or will receive appropriate training in protocol procedures and animal handling methods prior to working with animals. I will ensure that individuals not listed in this protocol do not participate in any procedures involving animals.

Work proposed in this AEC/amendment will not commence until approval from the HKUST’s AEC has been obtained.

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Signature of Principal Investigator Date

**Part E – Approval (To be completed by the Chairman of Animal Ethics Committee)**

Approved /  Not Approved /  Modify (tick as appropriate)

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| Comments:  Click or tap here to enter text. |

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Signature Date

(Chairman of Animal Ethics Committee)

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| --- | --- | --- |
| APCF Use Only | | |
| 1. Amendment Form Received on (date): | | |
| 2. Amendment Form Received by staff: | | |
| 3. Revision number: | | |
| APCF Director: | Signature: | Date: |