**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

(Chairman of Animal Ethics Committee)

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