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**FACULTY OF MEDICINE**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (FOM IACUC)**

**Animal Use Protocol (AUP) Amendment Form**

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| **Principal Investigator:** |  |
| **IACUC Approval No.:** |  |
| **Project Title:** |  |

**NATURE OF CHANGE:** Please check all that apply

|  |  |
| --- | --- |
| ☐Change in personnel | ☐Change in study objectives |
| ☐Change in funding | ☐Change in protocol |
| ☐Change in animal strain | ☐Change in animal species |
| ☐Change in animal numbers | ☐Use of biohazardous agents |
| ☐Change in animal housing | ☐Others. Please specify |

Provide details AND reasons for proposed changes/additions. Proposed changes must be clearly identified and contrasted with previously approved protocol.

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| --- | --- | --- |
| **ORIGINAL VERSION** | **AMENDED VERSION** | **REASONS/JUSTIFICATION** |
|  |  |  |
|  |  |  |
| *\*If you need more space, please insert new rows* | | |

**Signature of Principal Investigator Date**

A **soft copy and signed hard copy** of this form must be submitted to:

**Secretariat, Faculty of Medicine Institutional Animal Care and Use Committee,** Research Management Centre (RMC), Level 3, Faculty of Medicine

Phone: 03-7967 7515

Email: [**fomiacuc@um.edu.my**](mailto:lindalahuddin@um.edu.my)(Attn to: Ms Haslinda Lahuddin)

**Please note:** Upon review the IACUC may request that a revised Animal Use Protocol (AUP) application be submitted. The changes/additions must be clearly indicated i.e. highlight or contrast the changes/additions.

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| **FOR FOM IACUC OFFICE USE ONLY:**  Remark:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of FOM IACUC Chair Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |