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Description automatically generated

Office of Research Ethics

**Lab - Amendment**

**Please direct all questions regarding the completion of this form to the ACC Coordinator in the Carleton University Research Ethics Office at:** [**nora.large@carleton.ca**](about:blank)

**Submit this form as an attachment to the Event form for the approved protocol in** [**cuResearch**](about:blank)**.**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Protocol Information | | | |
| 1.1. | **Romeo Protocol #:** | | |  | | --- | |  | | |
| 12. | **Title #:** | | |  | | --- | |  | | |
| 1.3. | **Amendment Title:** | | |  | | --- | |  | | |
| 2. | New or Removed Project Team Members – must have completed CCAC modules to be added to the protocol. | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **New or Removed** | **Name** | **Position** | **Email** | **Procedures for which training is completed** | [**CCAC Training Complete:**](about:blank)  **Yes or No** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   *To add a row, hover your mouse cursor to the bottom-left corner and click on the “+” button. OR right click the cell and insert a row below.* | | | | |
| 2.1. | **Due to changes above, are there any changes with regards to emergency contacts? If there are, please describe. N/A**   |  | | --- | |  | | | | |
| 3. | Procedure Changes | | | |
| **3.1.** | | **What changes are being requested to the protocol or subsequent amendments?**   |  | | --- | |  | | |
| **3.2.** | | **Explain the reason(s) for the requested changes to procedure/treatment or animal care facility or field site.**   |  | | --- | |  | | |
| **3.3.** | | **If required, provide changes to dose, route of administration and/or chemical composition where appropriate.**   |  | | --- | |  | | |
| **4.** | | **Other** | |
| **4.1.** | | **Have any other changes, from the original protocol, been made that have not been captured in the previous sections?**   |  | | --- | |  | | |
| **4.2.** | | **Are there any changes to your award information? If yes, provide cuResearch/Romeo award number, award, type, and title.**   |  | | --- | |  | | |
| **5.** | | **Animal Numbers** | |
| **5.1.** | | **Are additional animals being requested? If yes, complete remainder of section. If genetically engineered animals are being requested, also complete Section for Genetically Engineered Animals. Yes  No** | |
| **5.2.** | | **Provide: species/strain, age/size, sex, source and number of animals to add.** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Species/Strain** | **Age/Size** | **Sex** | **Source** | **Total # required full aup** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | |
|  | | *To add a row, hover your mouse cursor to the bottom-left corner and click on the “+” button. OR right click the cell and insert a row below.* | |
| **5.3.** | | **Provide a justification for the additional numbers requested.**   |  | | --- | |  | | |
| 6. | Genetically Engineered Animals (If Applicable) | | | |
| 6.1. | **What is the background strain for the species you are using?**   |  | | --- | |  | | | | |
| 6.2. | **Describe the genotype.**   |  | | --- | |  | | | | |
| 6.3. | **Describe the phenotype.**   |  | | --- | |  | | | | |
| 6.4. | **What abnormities are known to exist (or do you expect) in these animals and/or will these affect lifespan and/or breeding?**   |  | | --- | |  | | | | |
| 7. | Declaration | | | |
| 7.1. | **The principal investigator has approved the submission of this Amendment form.**  **I Agree** | | | | |

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