**江苏师范大学**

**实验动物伦理审查变更申请表**

|  |  |
| --- | --- |
| 原伦理审查编号Proposal #: |  |
| 修订申请编号Amendment #: |  |
| 生效日期 Effective Date |  |
| 过期日期 Expiration Date: |  |

|  |  |
| --- | --- |
| **A.项目计划书 IACUC STUDY PROTOCOL** | |
| 课题名称 Program Title |  |
| 申请表批准日期 Protocol Approval Date |  |
| 课题负责人 Program Director |  |

|  |
| --- |
| **B.修订类型AMENDMENT（s） or REVISION TYPE (select all that applies)** |
| * **重大修订（全体委员审核）Significant Change（Requires Full Connuittee Review**)   🞏 研究目的 Objective of the Study  🞏 主要研究人员 Key Personnel（Non MITRO Biotech personnel having hands on contact with animals）  🞏 改变动物品种 Change of specie  🞏 增加动物数量且超过20% Increase in animal numbers by greater than 20%  🞏 增加疼痛或应激的风险 Increase in the potential for pain or distress  🞏 增加新的操作New procedure or change in procedure being used  🞏 改变手术操作或其他侵入性的操作Change in surgical procedure or other invasive procedure  🞏 改变术后护理操作或疼痛管理操作 Change in post-surgery care and/or pain management  🞏 改变样品采集频率、采样体积、给药频率、给药体积或其他实验操作，且超过SOP或IACUC指导原则的规定 Sampling frequencies, sampling volumes, dosing frequencies, dosing volumes, or other procedures deviating from approved SOP or IACUC guidelines  🞏 增加给药剂量 Increase in dose level  🞏 改变保定方法或延长保定时间 Method or increased duration of restraint  🞏 环境丰富或动物活动状态 Environmental enrichment/exercise status  🞏 安乐死方法改变 Method of euthanasia  🞏 项目延续 Extension of study  🞏 其他 Other(please describe under Section C) |

|  |
| --- |
| 🞏 **微小修订（指定委员审核） Minor Change (Designated Review)**  🞏 改变动物性别、年龄或体重 Sex, age, or body weight of animal  🞏 增加动物数量但少于20% Less than 20% increase in annnal numbers or decrease in animal numbers  🞏 样品采集数量或体积改变，但在SOP及IACUC指导原则规定范围之内。Number or volume of samples collected (within SOP or IACUC guidelines)  🞏 给药体积或频率改变，但在SOP及IACUC指导原则规定范围之内 Dose volumes of frequencies(with SOP or IACUC guidelines)  🞏 溶媒或对照品改变。Vehicle or control article  🞏 其他Other (please describe under Section C) |

|  |  |
| --- | --- |
| **C.变更内容及原因 CHANGES AND RATIONALE\*\***  **CHANGES AND RAmNAI£\*\*** | |
| 疼痛或应激等级  Pain or Distress Classification  (any change) | 🞏 A-小的或暂时没有疼痛和痛苦 Minimal, Transient, or No Pain or Distress  🞏 B-通过适当的措施缓解疼痛或痛苦 Pain or Distress Relieved By Appropriate Measure  🞏 C-无法缓解的疼痛或痛苦 Unrelieved pain or Distress |
| 变更1：  1st Change (List original content and highlight changes to be made) |  |
| 原因：  Rationale for change |  |
| 变更2：2nd Change (List original content and highlight changes to be made) |  |
| 原因：  Rationale for change |  |
| 变更3：3rd Change (List original content and highlight changes to be made) |  |
| 原因：  Rationale for change |  |

\*\*根据需要可增加表格 Add additional sections if required.

|  |
| --- |
| **D.项目负责人承诺 PROGRAM DIRECTOR ASSURANCE** |
| 本人承诺，此研究方案和SOP相结合，是对拟议研究中要遵循的动物护理和程序的完整且真实的表述。已采取适当措施以确保仅使用达到研究目标所需的最少动物数量，并且本研究不会不必要地重复以前的研究。如之前文件所述，所有参与研究的人员都经过适当培训，可以对动物进行所述操作。当研究目标需要更改时，已考虑使用所述动物模型的替代品。  我承诺本申请表（和补充文件）中描述的涉及动物使用的变更不会在动物伦理道德委员会批准之前实施。  To the best of my knowledge, this narrative in conjunction with the study protocol and SOPs is a complete and factual description of the animal care and use procedures to be followed in the proposed study. Appropriate measures have been taken to ensure that only the minimum number of animals required to achieve the study objectives are being used and that this study does not unnecessarily duplicate previous studies. As documented, all personnel involved with the study are appropriately trained to perform the described work with animals. The use of alternatives to the described animal models and procedures have been considered and employed when compatible with study goals or found to be unavailable or unacceptable.  I understand that the changes involving animals use described in this amendment (and supplemental documents) may NOT be implemented prior to approval by the Institutional Animal Care and Use Committee.  项目负责人： 日期：  Program Director ： Date： |

**最终审核结果 FINAL APPROVAL**

|  |
| --- |
| 主管兽医师意见：  Opinion of Veterinary of institution  同意/Agree ( ) ; 不同意/Disagree ( )  主管兽医师签：  Signature Veterinary  年 月 日  Y M D |
| 伦理审查委员会审批意见：  Approval opinion of Committee  同意/Agree ( ) ; 不同意/Disagree ( )  主任委员或指定委员签（章）：  Signature (stamp ) of Chairman or the member of Committee  年 月 日  Y M D |
| 备注： □第 次审查.  Remarks： reexamine No. |