

**University at Buffalo Institutional Animal Care and Use Committee (IACUC)**

**BLACKOUT ZONE AMENDMENT FORM, Page 1**

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| **Principal Investigator:** |  |
| **IACUC Project Number:** |  |
| **Reason for Blackout Zone Amendment:**  ***Delete whichever reason does NOT apply!*** | **►A Triennial Review of this approved protocol has been created or submitted (and the approved protocol has NOT yet lapsed).**  **►Another amendment is currently pending, and its content is not contradictory to this amendment in any way** |

**Nature of change:** Please check all that apply.

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| **Type of Changes Proposed in Amendment-*Check gray columns for any changes that apply!*** | | | |
|  | **Addition of Animal Numbers: \_\_\_\_ *Add number!***  *Scientifically justify the requested number of animals below.* |  | **Changes in Experiments and Procedures**  *Fully explain all changes below.* |
|  | **Change in Personnel**  *List name(s) in space below. Indicate which procedures they will be performing in the approved protocol.*  *NOTE: All new personnel must enroll into the OHMP (Occupational Health Monitoring Program) and take all required trainings.* |  | **Change in Animal Housing**  *Add new vivarium locations, new specialty housing (examples: High Level Barrier, ABSL-2) and non-vivarium locations (example: lab testing spaces). Included building names and room numbers. Add all changes below.* |
|  | **Use of Hazardous Agents**  *Check this box if any change involves the use of a hazardous agent (examples: human cells, infectious agents, chemicals, toxins, carcinogens, radiation, laser, recombinants, nanoparticles, etc.). This will prompt review by Environment, Health and Safety Staff.* |  | **Other Changes**  *Please specify* ***HERE*** *if changes made fall into any other category.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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**BLACKOUT ZONE AMENDMENT FORM, Page 2**

In the space below, provide details **AND** reasons for proposed changes/additions. Proposed changes must be clearly identified and contrasted with the approved protocol.

**Required Attestations**:

1. I hereby attest that I also understand that changes approved via Blackout Zone Amendments will expire within 90 days of approval UNLESS an official protocol amendment is made and approved.

2. I have fully reviewed and understand the UB IACUC Policy on Amendment Submission During Click Blackout Zones.

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| Signature of Principal Investigator: | Date: |