

UAMS/ACHRI
Institutional Animal Care and Use Committee
Request for Veterinary Verification and Consultation (VVC) or Protocol Addendum

This form should only be used to make a change to an **approved** animal protocol. VVC cannot be used to add a new procedure or to make a change that would significantly increase animal pain or distress. Only changes in a-c, below, are eligible for VVC. All other changes require a Protocol Addendum. If changes are substantial, e.g. change of or additional animal species, additional animals in excess of 10% of the originally approved number, survival surgery, or the proposed change increases the potential for pain or distress in an animal, or involves a significant procedure not previously approved for these particular animals, a new AUP may be required.

1. Protocol Information

Principal Investigator [Click here to enter text.](#)
AUP # [Click here to enter text.](#)
AUP Title [Click here to enter text.](#)
Species Approved [Click here to enter text.](#)

2. Change(s) Requested

Eligible for VVC:

- a. Anesthesia, analgesia, sedation, experimental substances
- b. Euthanasia (in accordance with current AVMA Guidelines)
- c. Duration, frequency, number, variation of non-surgical procedures performed

Protocol Addendum Required:

- d. Add Experimental Procedure
- e. Imaging (ultrasound, MRI, PET, etc.)
- f. Animal Strain
- g. Animal Number
- h. Add Personnel
- i. Remove Personnel
- j. Other (specify) [Click here to enter text.](#)

3. Detailed description of changes

(FOR IMAGING: Include anesthetics used, as well as post-procedural care or euthanization.)

[Click here to enter text.](#)

4. Justification for changes

[Click here to enter text.](#)

5. For new procedures:

- **Who will perform the procedure(s)?** [Click here to enter text.](#)
- **What are their qualifications (training and/or experience) to perform the procedure(s) on this species?**
[Click here to enter text.](#)

6. For new personnel:

- **Name and DLAM Certification Number:** [Click here to enter text.](#)
- **Has CITI Training for Animal Users been completed?** Yes No
- **Has the individual read the AUP?** Yes No
- **Which procedures will this person be performing?** [Click here to enter text.](#)
- **What are their qualifications (training and/or experience) to perform the procedure(s) on this species?**
[Click here to enter text.](#)

7. Additional animals:

- Will the proposed changes increase the total number of animals used in this protocol?

NO

YES (provide information below)

Total number of additional animals: [Click here to enter text.](#)

Number per USDA Category (B, C, D, E): [Click here to enter text.](#)

INVESTIGATOR ASSURANCE: I have determined that the research proposed in this addendum is not unnecessarily duplicative of previously reported research and that the use of animals is necessary. I agree to conduct this project in accordance with applicable provisions of the Animal Welfare Act, the Public Health Service Policy and the 8th edition of the Guide for the Care and Use of Laboratory Animals.

	Click here to enter a date.
PI Signature	Date