**MINOR AMENDMENT FORM**

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| **This form has been developed to allow all investigators in making minor changes to their projects. For minor amendments listed below, fill out and sign this form, mark your changes with a color code in the original protocol naming the amendment number, and upload it in Service Now for review. Once the amendment is reviewed, you will be notified by email of approval, denial, or need to revise. If approved by the AEEC, it will be sent to the Ministry of Agriculture for information, and you experiments according to the proposed amendment can be started two weeks later.** |

**SECTION A: DETAILS OF THE PROJECT**

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| --- | --- |
| Project Acronym |  |
| Project Title |  |
| Authorisation Number |  |
| Name of project leader |  |
| E-mail |  |
| Telephone |  |
| Address |  |

**SECTION B: PROPOSED AMENDMENT**

|  |  |
| --- | --- |
| *Tick all that apply and enter details in relevant section C (1-7) below:* | |
|  | 1. Changes to existing experiment 🡪 complete Section C1   *(Administration route, frequency, duration (not beyond limit described in literature), doses (if non-toxic), solvent (if non-toxic), allergen (if below dose linked to anaphylactic shock), cell line or bacterial strain (well-characterized, same administration route, same metastatic potential), diet (well described in literature), analgesia or anaesthesia (if well-accepted and discussed with veterinarian) PLEASE REFER TO TABLE FOR MINOR MODIFICATION ON THE UL AEEC WEBSITE.*   1. Change of Species/Strains 🡪 complete Section C2   *(non-transgenic strain or well described transgenic strain without harmful phenotype or with less harmful phenotype compared to original used strain)* |

SECTION C1: AMENDMENTS to existing Experiment(s)

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| *For amendments to more than one existing experiment, select this entire table and copy and paste it for each experiment as required.* |

|  |  |
| --- | --- |
| Number of the experiment*:* |  |
| Title of experiment: |  |
|  | |
| Description of amendment: |  |
|  | |
| Provide detailed justification why it is necessary to amend this experiment. Explain how the experiment can answer the scientific question. | |
|  | |
| If different to the original protocol, describe how animals will be monitored for the onset or development of adverse effects (when, frequency of controls, recorded parameters, and responsible persons).  Describe any additional procedure-specific humane endpoints, or changes to the original humane endpoints, relating these directly to the adverse effects. | |
|  | |
| Provide details of any additional refinements, including the introduction of anesthesia/analgesia, which will be put in place to minimize any harm to the animals. | |
|  | |

SECTION C2: AMENDMENT TO SPECIES/STRAINS

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| *The table can be copied and pasted to add multiple species/genetic strains.* |

|  |  |
| --- | --- |
| New species or strain |  |
| Justification for this new species/strain |  |
| Genetic status | Not genetically altered  Genetically altered without a harmful phenotype  Genetically altered with a harmful phenotype  Animals used for the creation of a new genetically altered line/strain |
| Details of genetic alteration (if relevant) |  |
| Details of any refinements necessary to appropriately manage new strains with a harmful phenotype |  |
| Name of supplier establishment (where animals originate from) |  |

SECTION E: DECLARATION AND UNDERTAKING

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| E1: project LEADER (user)  Signature of project leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print/type name:  Date: |
| **E2: the person responsible for ensuring compliance with the provision of the grand-ducal regulation of the 11 January 2013**  Signature of the person responsible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print/type name:  Date: |
| E3. Committee RESPONSIBLE FOR ANIMAL EXPERIMENTATION AT THE RESPECTIVE INSTITUTE  Signature of the person responsible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print/type name:  Date: |