OMB Control No. 1024-0265
Expiration Date: 08/31/2019

AMENDMENT FORM

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
Natural Resources Stewardship and Science Directorate
Biological Resource Management Division
1201 Oakridge Drive, Suite 200
Fort Collins, CO 80525
Telephone: (970) 225-3566 or Email: NPSIACUC@nps.gov

Date:	
Principal Investigator (PI) Name:	
PI Email:	
PI Phone Number:	

Any questions as to whether or not your proposed protocol change requires an amendment, please consult the NPS IACUC. ANIMAL ACTIVITIES SHOULD NOT BE CONDUCTED UNTIL APPROVAL OF THIS AMENDMENT IS RECEIVED.

No — Are the objectives or intent of the study changing?

No — Will new procedures be performed?

No — Are changes to approved procedures planned?

No — Will changes to procedures be made that may increase the potential for more than momentary or slight pain or distress to the animals? OR Is a non-survival surgical procedure being changed to a survival surgical procedure?

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No	Will new species be added for study or as opportunistic or non-target animals?
No	Are changes planned to anesthesia drugs for the approved procedures?
No	Will euthanasia method be changed?
No	Will the number of approved species be increased? (10% or more when > 50 animals originally approved or by 20% or more for 50 or fewer originally approved)?
Yes	Will the principal investigator remain the same?
No	Will any other changes not listed above be made to the approved project?

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Assurance Statement

The information in this general submission Form is an accurate description of the animal care and use protocol(s) to be used in the described project. All people handling animals in this project have been, or will be, properly trained in the methods, protocols, and equipment described in this submission form. All individuals working under this project will comply with the requirements of the Animal Welfare Act, its Regulations and Standards, and the Interagency Research Animal Committee U.S. Government Principles.

All work proposed herein is designed to minimize pain and distress to the animals, does not unnecessarily duplicate previous experimentation, and cannot be reasonably conducted using non-animal alternatives.

Please type your full name as your signature

Date:

NOTICES

Privacy Act Statement

General: This information is provided pursuant to Public Law 93-579, Privacy Act of 1974, for individuals completing this form.

Authority: The authority to collect information on the attached form is derived from the 7 U.S.C. Chapter 54, Transportation, Sale, and Handling of Certain Animals.

Purposes and Uses: The information is being collected for the purpose of reviewing activities related to the care and use of animals and to approve all research, teaching, and training activities involving vertebrate animals on NPS managed lands and territories. Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the National Park Service the review of activities related to the care and use of animals and to approve, all research, teaching, and training activities involving vertebrate animals on NPS managed lands and territories. . If you provide the information, please be advised that the U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to $10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for not approving your submission

Paperwork Reduction Act Statement

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement

The time to complete this form is estimated to be 30 minutes per response. Direct comments regarding this burden estimate, or any aspects of this form, to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192.