SIGNIFICANT CHANGE FORM
Submit to: oawsend@uw.edu

Principal Investigator: _____ Faculty Title: _____ Department: _____
Phone #: _____ E-mail: _____

Protocol Contact Person: _____ Phone: _____ E-mail: _____

Project Title: _____

Is this Significant Change associated with a grant/contract? Yes ☐ No ☐
If Yes, has OAW already reviewed the grant/contract? Yes ☐ No ☐
If Yes, eGC1# and/or Sponsor Name: _____

Supplemental and Help Documents
UW Policy regarding what Changes are Significant
How to Write an Effective Significant Change
How to Write an Effective Significant Change- Seminar

This request for a change will be reviewed by the IACUC. Please contact the OAW if you have not received the IACUC’s questions or notice of approval within 30 days.

(OFFICE OF ANIMAL WELFARE USE ONLY – DO NOT WRITE BELOW THIS LINE)

Animal Use Categorization: ___________ CTC: ___________

Comments: __________________________________________________________________________
_____________________________________________________________________________________
Data entry: ________________ Date: ________________
Date Approved by IACUC: ________________ (Renewal date of protocol is not changed)
Designated Reviewer: ________________ Date: ________________

Version ___________
Request for Limitations on Husbandry/Sanitation Duties by DCM Personnel in DCM-Managed Mouse and Rat Housing or Procedure Locations

Principal Investigator: _____  Protocol #: _____

Vivarium and room number: _____  Species: _____

Protocol Contact Person: _____  Phone: _____  E-mail: _____

I. Requested limitations for housing locations:

A. No/limited daily health checks by DCM husbandry staff during experiments  Yes □  No □ (lab personnel will perform daily checks, including weekends and holidays).

1). If Yes, describe specific request, including duration of limitation, whether limitation applies to all or part of the procedure/experiment, and the number of times limitation will be enacted:

B. No/limited cage changes/sanitation by DCM husbandry staff during experiments  Yes □  No □ (lab personnel will perform cage changes and/or sanitation tasks).

NOTE: DCM staff must be able to open cages if there is an animal welfare concern.

1). If Yes, describe specific request, including duration of limitation, whether limitation applies to all or part of the procedure/experiment, and the number of times limitation will be enacted:

C. No/limited entry into housing rooms by DCM staff during experiments  Yes □  No □

1). If Yes, describe specific request, including duration of limitation, whether limitation applies to

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1 Standard procedure within a DCM-managed facility is for DCM personnel to enter each animal housing room daily to perform the following tasks:
1) verify and document appropriate environmental conditions;
2) conduct and document a cage-side health evaluation ("daily health check") of every cage of animals, with further examination (possibly by opening the cage) of animals they identify with new potential health concerns;
3) change cages at the required minimum frequency (cage change policy) and as needed to ensure appropriate cage cleanliness
4) perform and document room and equipment sanitization procedures (e.g., mopping floor, cleaning cage change stations)
II. Requested limitations for procedure locations:

A. No/limited entry into procedure rooms by DCM staff during experiments. Yes ☐ No ☐

  1). If Yes, describe specific request, including duration of limitation, whether limitation applies to all or part of the procedure/experiment, and the number of times limitation will be enacted: _____

For Items I and/or II above, provide:

Description of procedure/experiment requiring limitations on duties by DCM staff: _____

Scientific justification for limitations on duties by DCM staff (requires IACUC approval). Please be specific and provide references, if available. Justifications such as “husbandry staff will interfere with my behavior experiments” will not be accepted. _____