

# Johns Hopkins University

## CHANGE IN LOCATION (S) AMENDMENT REQUEST FORM

<b>*Below for ACUC Use**</b>	
Date Received:	
<input type="checkbox"/> Logged	<input type="checkbox"/> Database

Is a copy being faxed or emailed to the ACUC office?  Fax  Email

Principal Investigator: \_\_\_\_\_

Campus: \_\_\_\_\_

Bldg: \_\_\_\_\_ Room : \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list all protocols that will be affected by this location change. Please return a **signed copy** of this form to the ACUC Office, Reed Hall, room B122; or you may fax it to 443-287-3747.

Protocol Number	Protocol Title	Expiration Date

***For Satellite Housing (i.e., > 12 hours for a species covered by USDA or > 24 hours for all others), please complete the Satellite housing form instead of this form.***

All forms are available on the web at [www.jhu.edu/animalcare](http://www.jhu.edu/animalcare)

1. Is this a request to add a new location that is outside central facilities? Yes\_\_ \_ No\_\_

New location: **The F.M. Kirby Research Center High Field Animal MRI Facility** (K. K. I., 707 N. Broadway)

If yes, is it for (check all that apply):

\_\_ A Procedure (name) \_\_\_\_\_

\_\_ B Survival Surgery (name) \_\_\_\_\_

2. Is this a request to move procedures, surgery and or housing from one approved location **outside central facilities** to another? Yes\_\_ No \_\_

Old Location: \_\_\_\_\_

New Location: \_\_\_\_\_

3. Is this a notification that procedures, surgery, or housing previously approved for a Satellite location now will occur in central facilities? Yes \_\_ No \_\_ Old Location: \_\_\_\_\_

4. If gas anesthesia is to be used in the new location, please list type: \_\_\_\_\_

For additional information:

- Visit the ACUC web site [www.jhu.edu/animalcare](http://www.jhu.edu/animalcare)
- Refer to the Blue Book (Use of Experimental Animals at the Johns Hopkins University)
- Refer to the National Research Councils *Guide for the Care and Use of Laboratory Animals* (the green book)

PI Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_