|  |
| --- |
| IACUC Use Only |
| Administrative [ ]Minor [ ] Significant [ ] |



PROTOCOL MODIFICATION REQUEST FORM

This form may be used to request a modification to an approved protocol. Changes cannot be implemented prior to IACUC approval.

Directions: Complete the form below and **update the currently approved IACUC protocol in Word** **highlighting the changes.** Please strikethrough and highlight any deletions. Revise every applicable section of the protocol that reflects the proposed changes (ex. If you are requesting an increase in animal numbers, provide justification with supportive statistics.). If the proposed changes alter any safety procedures approved by the IBC, you must notify the IBC and request approval. If you are updating an amended protocol, remove all highlighting and strikethroughs.

|  |  |
| --- | --- |
| Date Submitted |  |

|  |  |
| --- | --- |
| Protocol Number |  |

|  |  |
| --- | --- |
| Protocol Title |  |

|  |  |
| --- | --- |
| Principal Investigator |  |

|  |
| --- |
| **Requested Changes:**  |
|  |

Is the [Pain Category](https://www.aphis.usda.gov/sites/default/files/ac-tech-note-categorizing-animal-pain-or-distress.pdf) expected to change? [ ]  Yes [ ]  No

If yes, what category would you expect it to change to? [ ] B [ ] C [ ] D [ ] E

|  |
| --- |
| Reason for Changes: |
|  |

If new personnel is added, have they taken the appropriate training? [ ]  Yes [ ]  Not Applicable

I understand that any failure to comply with the guidelines and requirements of the IACUC may result in suspension of my studies and notification to the funding agency, the PHS and/or USDA as mandated by law.

|  |  |
| --- | --- |
| PI Signature and date: |  |

Please return electronically in Word format to: iacuc@uwlax.edu

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IACUC Use Only Below This Line

The above changes have been reviewed and approved by the IACUC and may be implemented.

[ ]  Approved by IACUC Administrator and/or Coordinator (administrative changes)

|  |  |
| --- | --- |
|  Signature and date: |  |

[ ]  Approved by IACUC Chair and/or Attending Veterinarian (minor modifications)

|  |  |
| --- | --- |
|  Signature(s) and date: |  |

[ ]  Approved by DMR (significant modifications)

|  |  |
| --- | --- |
|  Designated reviewer signature and date: |  |

[ ]  Approved by Full Committee Review (significant modifications)

|  |  |
| --- | --- |
|  IACUC Chair (or designee) signature and date: |  |