

**Institutional Animal Care and Use Committee
REQUEST FOR AMENDMENT APPROVAL**

Federal regulations require that amendments to approved protocols involving animals be reviewed by the IACUC. Complete this form and return to OSPR, G351.

Investigator: _____

Protocol Number: _____

Study Title: _____

Amendment involves change(s) in: *(Check all that apply and describe in space below)*

- | | |
|--|---|
| <input type="checkbox"/> Change in Personnel | <input type="checkbox"/> Change in Pain or Distress Category |
| <input type="checkbox"/> Change in anesthetic/analgesics | <input type="checkbox"/> Change in Euthanasia methods |
| <input type="checkbox"/> Different Species | <input type="checkbox"/> Change in husbandry/diet/environment |
| <input type="checkbox"/> Other: <i>Specify in space below</i> | |
| <input type="checkbox"/> Change in number of animals: <i>Specific numbers, experimental groups, pain/distress category, and justification are mandatory. Provide in space below.</i> | |
| <input type="checkbox"/> Surgery/Survival Surgery/Multiple Surgeries on the same animal: <i>Include description of surgery, surgeon and their qualifications, anesthetic monitoring, post-op care, record keeping. Provide in space below.</i> | |
| <input type="checkbox"/> Modification of Methods/Procedures: <i>Describe how change fits with study objectives, state rationale for change, give detailed description of change.</i> | |

DESCRIPTION/JUSTIFICATION FOR REQUESTED CHANGES (Note that change in personnel should state individuals name(s), email address, role in the project, and training/qualifications):

PI Signature _____

Date: _____

Approved Deferred Not Approved Designated Review Full Committee Review

Reviewer Signature _____ Date _____

IACUC Chair Signature _____

Date _____