Institutional Animal Care and Use Committee
REQUEST FOR PROTOCOL AMENDMENT APPROVAL

Federal regulations require that amendments to approved protocols involving animals be reviewed by the IACUC. Complete this form and return to iacuc@govst.edu

Investigator: _____ **Protocol Number:** _____

Study Title: _____

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

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

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 _____