

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**PROTOCOL MODIFICATION FORM**

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| **Date Submitted:**       | **Protocol Number:**       |
| **Principal Investigator:**       | **Department:**       |
| **Phone:**       | **Email:**       |
| **Address:**       |
| **Protocol Title:**       |
| **Funding Source:**       |

**[ ]  Protocol Modifications**: Requests for changes to the activities as described in the IACUC-approved protocol. Check all that apply.

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| **[ ]**  | Project title or funding source. List changes in “Funding Source” section above. |
| **[ ]**  | Animal genetic background or strain, not including new transgenic strains or impacts on animal care. Complete item 1 below. |
| **[ ]**  | Number of animals. Complete item 1 below.  |
| **[ ]**  | Change in animal source, animal care facility, housing unit or field site. Complete item 2 below. |
| **[ ]**  | Change in administration of experiment/treatment as it relates to timing, dose, or route of administration and/or specific chemical composition. Change may not alter the invasiveness of the procedure, specific objects of the protocol, or scientific rationale. Complete item 3 below.  |
| **[ ]**  | Change in personnel, other than PI. Complete item 4 below. |
| **[ ]**  | Change in disposition of animals or carcasses at the end of the project. Complete item 5 below.  |

1. **Change in animal strain or number:**

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| --- | --- | --- | --- | --- |
| **Add** | **Remove** | **Strain/Species** | **Number originally approved** | **Number to be added** |
| **[ ]**  | **[ ]**  |       |       |       |
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| Justification for added strain or species: |
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| Justification for additional animals. Please include: (1) a brief description of the experimental design, including control and experimental groups and their sample sizes, (2) a description of the statistical method for determining sample size (e.g. a power analysis), (2) the probability value used to detect significant differences, (3) a statement of the effect size that will be considered substantive. |
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1. **Change in animal source, animal care facility, housing unit or field site:**

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| Describe reason below: |
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1. **Change in experiment/treatment timing, dose, route of administration and/or specific chemical composition:**

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| Describethe change and reason for the change: |
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1. **Change in personnel or roles.**

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| **Add** | **Remove** | **Name** | **Explain role of new personnel and describe the experience with the specific procedures to be performed and/or who will train.** |
| **[ ]**  | **[ ]**  |       |       |
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 (Attach additional pages if necessary)

1. **Change in disposition of animals/carcasses at end of project.**

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| Describe the change and reason for the change. If requesting to move animals between separate IACUC-approved protocols, list the protocol numbers for each relevant protocol and describe the procedures that animals have already undergone and the additional procedures that animals will undergo once transferred.  |
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**Approvals:**

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Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date

**Completed forms must be submitted through IRBNet and either signed in IRBNet or signed hard-copy and a PDF file submitted in IRBNet.**