

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

**APPROVED PROTOCOL MODIFICATION FORM**

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| **PROTOCOL MODIFICATION PROCEDURES** | | | | | | | |
| This form is for submitting requests for changes to previously approved protocols. If changes requested in this modification cannot be satisfactorily justified as fitting within the original objectives of the approved protocol, a new protocol application should be submitted.   * Include your protocol number and the date of your modification at the top of any attached appendix forms. * Completed modification forms must be submitted to [iacuc@usm.edu](mailto:iacuc@usm.edu).   Last Updated 04/22/2025 | | | | | | | |
| Today’s Date: | | | | Click or tap to enter a date. | Date Modification is Needed By: | | | Click or tap to enter a date. |
| Project Title: | | | | Click or tap here to enter text. | | | | |
| Protocol Number: | | | | Click or tap here to enter text. | Department: | | | Click or tap here to enter text. |
| Principal Investigator: | | | | Click or tap here to enter text. | USM ID Number: | | | Click or tap here to enter text. |
| USM Email Address: | | | | Click or tap here to enter text. | USM Phone Number: | | | Click or tap here to enter text. |
| What is the nature of the protocol change? (check all that apply) | | | | | | | | |
|  | | | Addition/change in personnel\* | | | | | |
|  | | | Change in animal housing | | | | | |
|  | | | Change in procedure(s) | | | | | |
|  | | | Change in animal species | | | | | |
|  | | | Change in animal numbers | | | | | |
|  | | | Other (explain below): | | | | | |
|  | | | Click or tap here to enter text. | | | | | |
| \*Note: All personnel must have current CITI certificates for the Animal Subjects Research Course and the Common Course. Certificates must be attached to the email message with the completed modification form. | | | | | | | | |
| Does the modification to the protocol involve any of the following? (check all that apply)\* | | | | | | | | |
|  | | | Trapping & capturing of wild animals (Appendix A) | | | | | |
|  | | | Long-term restraint of animals (Appendix F) | | | | | |
|  | | | Anesthesia/analgesia (Appendix H) | | | | | |
|  | | | Biohazards (Appendix J) | | | | | |
|  | | | Hazardous chemicals (Appendix L) | | | | | |
|  | | | Aquaculture (Appendix D) | | | | | |
|  | | | Non-standard Breeding Colonies (Appendix B) | | | | | |
|  | | | Surgery (Appendix G) | | | | | |
|  | | | Antibody production (Appendix I) | | | | | |
|  | | | Radiation safety (Appendix K) | | | | | |
|  | | | Animal owner/client consent (Appendix C) | | | | | |
| \*Note: Any of the changes indicated above require a resubmission of the appropriate protocol appendices located [here](https://www.usm.edu/research-integrity/iacuc-forms.php). | | | | | | | | |
| Detail the reasoning for this change: | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| **Investigator Assurance** | | | | | | | | |
| I agree to conduct this project in accordance with this modification. If this modification includes adding personnel, I attest that all such personnel are appropriately qualified and trained to perform procedures outlined in this protocol. | | | | | | | | |
| By typing/signing my name below, I acknowledge that I have read, understood, and approve of the information contained herein. | | | | | | | | |
| Name: | | Click or tap here to enter text. | | | | Date: | Click or tap to enter a date. | |