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# Institutional Animal Care and 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 amendment cannot be satisfactorily justified as fitting within the original objectives of the protocol noted, a new protocol should be submitted. * Note protocol number and date of your amendment at the top of any attached appendix forms. * Completed versions must be submitted to [iacuc@usm.edu](mailto:iacuc@usm.edu)   Last Edited July 1st, 2022 |

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| Today’s date: | | | | | | | | | Original Approval Date: | |
| Project INformation | | | | | | | | | | |
| Project Title: | | | | | | Protocol #: | | | | |
| Principal Investigator: | | | Phone: | | | | | Email: | | |
| College: | | Department: | | | | | Campus Address: | | | |
| Details Of THE MODIFICATION | | | | | | | | | | |
| Date amendment is needed by: | | | | Detail the reasoning for this change: | | | | | | |
| List the databases consulted to search for previous studies in related to this change, the last date each was consulted and key search terms. | **DATABASE** | | | | **DATE CONSULTED** | | | | | **SEARCH TERMS** |
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| Nature of the protocol change:  Addition/change in personnel  Change in animal housing  Change in procedure  Change in animal species  Change in animal numbers  Other (explain below): | Do the modifications to the protocol involve any of the following:  Trapping & capturing of wild animals (Appendix B) Breeding colonies (Appendix C)  Long-term restraint of animals (Appendix D) Surgery (Appendix E)  Anesthesia/Analgesia (Appendix F) Antibody Production (Appendix G)  Biohazards (Appendix H) Radiation Safety (Appendix I)  Hazardous Chemicals (Appendix J) Animal Owner/Client Consent (Appendix K)  Aquaculture (Appendix M) | | | | | | | | | |
| **Note: Any of the changes indicated above require a resubmission of the appropriate protocol appendices located at** [**http://www.usm.edu/research/iacuc-forms**](http://www.usm.edu/research/iacuc-forms%20) | | | | | | | | | |
| **ASSURANCE BY INVESTIGATOR:** I agree to conduct this project in accordance with this modification.  **By typing my name below, I acknowledge that I have read, understood, and approve of the information contained herein.**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Principal Investigator Date** | | | | | | | | | | |