#

# Institutional Animal Care and use Committee

# Approved protocol modification Form

|  |
| --- |
| **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

 Last Edited May 14th, 2014 |

|  |  |
| --- | --- |
| 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** |
|            |            |            |
|            |            |            |
| 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** |