**Institutional Animal Care and Use Committee**

**PROTOCOL AMENDMENT FORM**

The IACUC will determine whether the amendment is ❑ minor or ❑ major (which may require submission of a new protocol). Investigators are encouraged to consult with the IACUC chair prior to submitting this amendment form.

Please type, sign and submit to IACUC chair

Date Submitted:

Protocol number:

Project Title:

Project/Course Directors:

Department:

Phone:

email:

Request (note which section(s) of the original protocol are to be changed, providing original and amended wording if appropriate):

For personnel additions, use the following table (copy as necessary for each additional person):

|  |  |
| --- | --- |
| **Name:** |  |
| **Role/Position:** |  |
| **Degree(s):** |  |
| **Department:** |  |
| **Email:** |  |
| **Phone number:** |  |
| **Cell phone number:** |  |
| **Mailing Address:** |  |
| **Years of experience with species:** |  |
| **Years of experience with procedure(s):** |  |
| **If training is necessary, how will this be done, and who will do the training?**  |  |
| **Date most recent CITI training completed:** |  |
| **Date health risk assessment completed (if needed):** |  |

Describe/Justify request(s):

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Signature of Project Director Date

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IACUC Approval Date