**IACUC Protocol Modification Request Form**

This form may be used for requesting changes to previously approved protocols and will be reviewed by Designated Member Review or Full Committee Review. Requests to add major survival surgery to an existing protocol OR requests resulting in major changes to the study objectives of an existing protocol require a new protocol submission.

Date Submitted:       Protocol Number:

Principal Investigator (PI):

Protocol Title:

**Modifications include, but are not limited to the following:**

• Changes impacting personnel safety

• Change in Principal Investigator or Co-Principal Investigator

• Change resulting in greater pain, distress or degree of invasiveness

• Change in the species used, numbers, study location, or animal housing

• Change in the method of anesthesia, analgesia, sedation, experimental substance, or euthanasia

• Change in the duration, frequency, type, and/or number of procedures performed on my animals (ex. Dosage)

• Change in protocol diet, including food restriction

Modifications to be made (Please indicate location in protocol-i.e. Section VI. Part C.):

Reasons for modifications:

To modify the number of animals used, please provide in a table below:

 a) Species

 b) Original Number Approved: \_\_\_\_\_\_\_\_\_ c) Additional Number Requested: \_\_\_\_\_\_\_

 c) Change in protocol diet, including food restriction

 d) USDA pain category changes must be justified (ex. Change from C to D) *May require veterinary review*

[ ]  By checking this box and signing below, I understand that any failure to comply with the guidelines and requirements of the IACUC may result in suspension of my studies and notification to any applicable institutions/agencies.

Signature of PI:       \_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_

\*An electronic signature is acceptable when submitting from your UW Stevens Point Email account for user verification.

\***Please submit signed and completed application electronically to** [**https://forms.office.com/r/EbkRuiEpDh**](https://forms.office.com/r/EbkRuiEpDh) **\*** (Note documents will no longer be accepted via email.)

**IACUC USE ONLY BELOW THIS LINE**

Method of Review: [ ]  Designated Member Review [ ]  Call for Full Committee Review

Reviewer Signature:       \_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_

Veterinarian (if applicable):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_