

INSTITUTIONAL ANIMAL CARE & USE COMMITTEE
Protocol Amendment Form

Protocol #	<input type="text"/>	College & Department:	<input type="text"/>
Principal Investigator:	<input type="text"/>	Office Phone #:	<input type="text"/>
Office Address:	<input type="text"/>	E-mail:	<input type="text"/>
Title of Protocol:	<input type="text"/>		

Type of Protocol Change:

<input type="checkbox"/> Add Personnel	Name <input type="text"/>	Phone/E-mail <input type="text"/>	<input type="checkbox"/> Online CITI <input type="checkbox"/> Comparative Medicine Training <input type="checkbox"/> OHP Enroll	<input type="checkbox"/> Facility Training Which Bldgs. (71, 35A/B, MC-17, MC-19, etc.) <input type="text"/>
<input type="checkbox"/> Add Personnel	Name <input type="text"/>	Phone/E-mail <input type="text"/>	<input type="checkbox"/> Online CITI <input type="checkbox"/> Comparative Medicine Training <input type="checkbox"/> OHP Enroll	<input type="checkbox"/> Facility Training Which Bldgs. (71, 35A/B, MC-17, MC-19, etc.) <input type="text"/>
<input type="checkbox"/> Delete Personnel	Name <input type="text"/>			
<input type="checkbox"/> Modify Procedure	<input type="checkbox"/> Change Animal Species		<input type="checkbox"/> Transfer Animals	
<input type="checkbox"/> Modify Animal Numbers	<input type="checkbox"/> Other, Describe below <input type="text"/>			

Description of Change:

ASSURANCE BY INVESTIGATOR:

I assure that these activities do not unnecessarily duplicate previous experiments conducted here or elsewhere. I agree to conduct this project in accordance with the protocol originally submitted and approved by the IACUC, and to obtain prior approval from the committee before modifying the protocol.

Investigator Signature: _____

Date: _____