

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**  
**Protocol Amendment Form**

**APPROVED**

By IACUC Office at 10:02 am, Jan 11, 2019

Protocol #

College & Department:

Principal Investigator:

Office Phone #:

Office Address:

E-mail:

Title of Protocol:

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:**

<input type="text"/>
----------------------

**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: