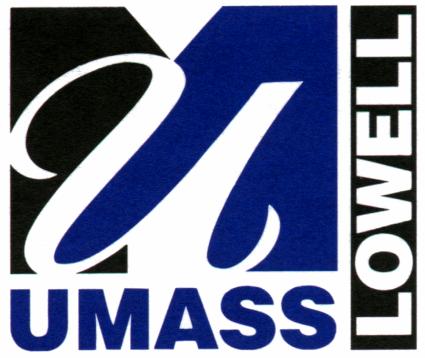
Protocol No: Click here to enter text.



Date Received: Click here to enter text. Approval Date: Click here to enter text.

Amendment#: Click here to enter text.

|  |
| --- |
| **IACUC Minor Amendment Form** |

**A. General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **PI Name** | Click here to enter text. | **Protocol Title** | Click here to enter text. |
| **Initial Protocol Approval Date** | Click here to enter text. | **Amendment Number** | Click here to enter text. |

**B. Reason for Amendment**

*Changes other than these are considered a* ***Major Amendment*** *and must be submitted as such*

( ) Small change (≥ 10%) in animal numbers used for research from: Click here to enter text.

( ) Change in animal numbers used for teaching activities: Click here to enter text.

( ) Change in acclimation period: Click here to enter text.

( ) Change in diet: Click here to enter text.

( ) Addition/deletion of procedure that is less invasive than the approve protocol. Explain: Click here to enter text.

( ) Addition of minor procedure (causes minimal or less pain or distress). Explain: Click here to enter text.

( ) Addition of sample collection times: Click here to enter text.

( ) Addition of noninvasive sampling. Explain: Click here to enter text.

( ) Change in age of animals: Click here to enter text.

( ) Change in housing conditions: Click here to enter text.

( ) Change in strain of animal species: Click here to enter text.

( ) Change in sex of animal: Click here to enter text.

( ) Addition of a faculty collaborator: Click here to enter text.

( ) Addition/change in student technician: Click here to enter text.

( ) Change in protocol title: Click here to enter text.

( ) Transfer of animals to another PI (if same strains are approved for both PIs): Click here to enter text.

**C. Please provide details for each proposed change:** Click here to enter text.

**D. PI Assurance**

I verify that the activities proposed will be conducted in accordance with the approved protocol and amendments.

( ) Check here if submitted electronically from the PI’s email account. **Date**: Click here to enter text.

**Or** sign below and fax to x 6012 or send to the IACUC Administrator at 198 Riverside Street, Olsen Hall room 618

**Signature:**

**E. IACUC Approval** (***For IACUC Use Only***)

Approved by: ( ) IACUC Chair Approval Date: Click here to enter text.

( ) Attending Veterinarian

( ) Other: