



Institutional Animal Care & Use Committee

<u>IACUC USE ONLY</u>	
Protocol # _____	Modification # _____
Modification Major <input type="checkbox"/>	Minor <input type="checkbox"/>
Veterinary Review _____	
IACUC Approval _____	
Start Date: _____	

**REQUEST FOR MODIFICATION
OF AN APPROVED IACUC PROTOCOL**

Project Information

Title of Project	
Protocol No	Expiration Date
Principal Investigator (print)	P.I. Signature
<u>Major Modification Request Summary</u>	<u>Minor Modification Request Summary</u>
<input type="checkbox"/> Additional species _____	<input type="checkbox"/> Add/change location _____
<input type="checkbox"/> Increase in numbers _____	<input type="checkbox"/> Minor change in anesthetic or analgesic regime (per DVM consultation): _____
<input type="checkbox"/> Change in procedures _____	
<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Other (describe) _____

Describe any proposed deviations or modifications in personnel, research goals, methodology, species of vertebrate animals, or any other aspects of the previously approved project named above. For modifications involving additional species, include any species specific modifications in the procedures performed, the rationale for the use of that species, changes in anesthesia, drug administration and methods of euthanasia. Justify the numbers of animals requested and identify the category of use (as defined in the IACUC protocol form). Identify any changes or additions to the supplemental IACUC information form (permits, special housing requirements, or hazards). Use additional pages as required to provide sufficient details to permit evaluation of these modifications.

Please note that this modification is a public document under the California Public Records Act.