

IACUC MODIFICATION REPORT FORM

Instructions

If the IACUC determines that the scope of this amendment is sufficiently different from the goals of the currently approved protocol, the IACUC will ask the PI to withdraw the amendment and submit a new protocol.

SECTION A: General Information

OVERVIEW

1. Protocol Number:
2. Title of Protocol:

INVESTIGATORS

3. Principal Investigator (PI)
Name:
Status:
Telephone:
CMU Email
Department:

VETERINARIAN

4. Name:
Status:
Telephone:
Email
Affiliation:

SECTION B: Proposed Modifications

MODIFICATIONS

5. Will the modification(s) require a change to any appendices (e.g., surgical, non-surgical, hazardous agents, breeding or antibody production)?
No
Yes: If yes, attach appropriate documents.

6. Will the modification(s) include any new or modified procedure that is likely to cause more than slight or momentary pain or distress [i.e., category D or E procedure(s)]?

No

Yes: If yes, provide an explanation. **Note:** If the modification involves USDA-regulated species and/or is supported by the Department of Defense, a literature review is required to determine if there are other available methods that could reduce or eliminate pain or distress experienced by the animals.

7. Will the modification(s) involve a change in personnel (PI, Co-PI) or other key personnel?

No

Yes: If yes, complete the information below.

New Personnel

Role:

Name:

Status:

Telephone:

CMU Email

Department:

CITI Training Number:

CITI Training Completed:

Working with the IACUC Course

Working With Animals in Biomedical Research

Species Specific:

If you are removing personnel from the protocol, please list the name of the individual you are removing and indicate the new personnel's roles and responsibilities in this study:

New Veterinarian

Name:

Status:

Telephone:

Email

Affiliation:

CITI Training Number:

CITI Training required prior to application submission.

CITI Training Completed:

Working with the IACUC Course

Working With Animals in Biomedical Research

Species Specific:

If you are removing personnel from the protocol, please list the name of the individual you are removing and indicate the new personnel's roles and responsibilities in this study:

SECTION C: Investigator Assurance and Acknowledgment

PRINCIPAL INVESTIGATOR

I certify that the information I provided within this document correct and complete. **Please e-sign this document.**

Name / Signature of Principal Investigator

Date

Note: Required fields are highlighted in red.

OFFICIAL OFFICE USE ONLY	
Date Received:	Notes:
Protocol Number:	
Reviewer:	
Date Reviewed:	

Revised: May 2017