**BUTLER UNIVERSITY**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**REQUEST TO MODIFY AN APPROVED PROTOCOL**

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| --- |
| **(For IACUC Use Only)**Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date:

Principal investigator:

Department:

Office telephone number:

Office address:

Project title:

Protocol number:

Anticipated duration of project:

1. **Changes in Animals.**

1. Identify any **changes in species** required for this project and state the reason for the change.

 Species:

 Age:       Weight:       Sex: M [ ]  F [ ]  Either [ ]

 Reason for change:

1. Identify any **changes in numbers of animals** and state the reason for the change.

1. How many animals were approved for this protocol and how many do you now project needing for the entire project?

 Total Number Originally Approved:

 Proposed New Total for Project:

1. As a consequence of the modifications proposed, identify the proposed approximate daily inventory:
2. **Procedural Changes.** Describe any surgical and non-surgical procedures involving animals that are being changed and state the reason for each change.

1. **Personnel Changes.** List any new personnel that will be associated with this protocol.

 The students and other investigators have completed the Qualifications for Animal Use form. Yes [ ]  No [ ]

As Principal Investigator, I will continue to conduct this protocol in accordance with the Policies and Procedures of the IACUC. I acknowledge full responsibility for this protocol, and assure that students and other investigators associated with this protocol are qualified and have been continually updated appropriately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator

**Please retain a copy of this form for your records.**

Return completed and signed form as a single pdf file to: IACUC@butler.edu.