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| **Modification #** |

**AUBURN UNIVERSITY ANIMAL CARE AND USE COMMITTEE**

**IACUCadmin@auburn.edu** **(334) 844-5978**

**Modification for Approved Protocol**

**(For changes in Personnel, use the *Personnel Modification Form*)**

*If changes requested in this modification cannot be satisfactorily justified as fitting within the original objectives of the protocol noted, a new protocol should be submitted. Investigators should conduct literature searches to assure that modifications fit with the same guidelines as those required for the original protocol.*

Complete this form and submit original with signatures to:

Office of Research Compliance, Research and Innovation Center, 540 Devall Drive, Suite 200, Auburn, AL 36832

Or scan/email to: IACUCadmin@auburn.edu

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| **Principal Investigator:** |  |
| **Protocol Number:** |  |
| **Title of Protocol:** |  |

1. **Nature of change in protocol:** (mark “X” for all that apply)

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| --- | --- |
|  | Proposals to switch from nonsurvival to survival surgery |
|  | Changes in the degree of invasiveness of a procedure or discomfort to an animal |
|  | Changes in Species |
|  | Changes in the number of animals used |
|  | Changes in anesthetic agent(s), the use or withholding of analgesics, and methods of euthanasia |
|  | Changes in the duration, frequency, or number of procedures performed on an animal |
|  | Changes in drugs or agents used to treat animals. |
|  | Other (explain): |  |

1. **Summarize proposed changes and provide scientific justification for these changes:**

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1. **For changes in species and/or number of animals:**

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| **• New Species name(s):** |  |
| * **Number of New Animals Requested:**
 |  |
| **• Housing Location:**  |  |
| * **Source:**
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|  |  |
| --- | --- |
|  | **X** |
|  | Principal Investigator Signature: Date |
|  |  |
|  | **X** |
|  | Project Veterinarian Signature Date |
|  |  |
|  | Project Veterinarian (Type or Print Name) |
| Approved: | **X** |
| IACUC Chairperson Date |

 **Modifications must be approved prior to implementation**