IACUC: Protocol Modification

Protocol Modification Form for Animal Care and Use

The IACUC consists of scientists from several disciplines as well as non-scientists, members of the Marietta College community, and persons who have no other affiliation with the Marietta College than as members of the Committee. The protocol should therefore be described in terms understandable by an audience of educated non-specialists. Please return one electronic copy of the completed protocol (and any associated materials, such as permits) and a copy of the original approved protocol to the Chair of the IACUC.

Original Protocol Title: Click or tap here to enter text.

Original Protocol Assigned ID #: Click or tap here to enter text.

Contact Information

Principal Investigator: Click or tap here to enter text.

E-mail: Click or tap here to enter text. Phone: Click or tap here to enter text.

List Any Co-Investigators with their Contact Information: Click or tap here to enter text.

Type of Protocol (check one):

Top of Form

[ ]  Faculty Project

[ ]  Student Project (Faculty Supervisor):

[ ]  Class Project (Course Name, Number, and Instructor):

[ ]  Other (Specify, with Faculty Supervisor if Applicable):

Bottom of Form

Date Submitted: Click or tap to enter a date. Anticipated Start Date: Click or tap to enter a date.

*\*Please allow at least two weeks from submission date for approval.*

Duration of Protocol: Click or tap here to enter text.

By signing below, the investigator and faculty research advisor assure that this project will be conducted in accordance with this protocol, and that proposed changes to the procedure will be submitted to the IACUC for review before implementation.

Click or tap here to enter text. Click or tap to enter a date.

Primary Investigator(s) Signature Date

Click or tap here to enter text. Click or tap to enter a date.

Faculty Advisor Signature Date

**This form should only be used for making changes to an approved protocol.**

1. **Modifications in Procedure**
	1. Check all modifications that are applicable to this request:

Top of Form

 [ ] Addition of an invasive procedure.

Bottom of Form

Top of Form

 [ ] Change in degree of invasiveness of approved procedure.

Bottom of Form

Top of Form

 [ ] Change in euthanasia methods or drug.

Bottom of Form

Top of Form

 [ ] Addition of new experimental or therapeutic agent.

Bottom of Form

Top of Form

 [ ] Change from non-survival surgery to survival surgery (or vice versa).

Bottom of Form

Top of Form

 [ ] Addition of a non-invasive procedure.

Bottom of Form

Top of Form

 [ ] Change in analgesic/anesthetic.

Bottom of Form

Top of Form

 [ ] Change in duration, frequency, or number of procedures.

Bottom of Form

Top of Form

 [ ] Other (explain) Click or tap here to enter text.

* 1. Please provide a justification for any of the above changes.

Click or tap here to enter text.

1. **Modifications in Analgesic/Anesthetic/Euthanasia Drug**
	1. Are there any changes to an analgesic/anesthetic/euthanasia drug? [ ]  Yes [ ]  No
	2. If yes, please provide information regarding changes in which drug, as well as dosage, route, frequency, side effects, and treatment.

Click or tap here to enter text.

1. **Modifications in Animals**
	1. Are there any changes to the number of animal used? [ ]  Yes [ ]  No
	2. If yes, please provide a rationale for this difference, including any adverse events, morbidity, or mortality

Click or tap here to enter text.

* 1. Are there any changes to the species of animal used? [ ]  Yes [ ]  No
	2. If yes, please provide a rationale for this difference, including any impact this will have on the protocol (*including the source of the animals, the location of the animals, endpoints, and biohazardous agents*).

Click or tap here to enter text.

* 1. Are there any changes to the location of animal used? [ ]  Yes [ ]  No
	2. If yes, please identify the new location and rationale for this change.

Click or tap here to enter text.

1. Modifications in Biohazardous Agents
	1. Are there any changes to biohazardous agents used? [ ]  Yes [ ]  No
	2. If yes, please provide a description of the difference, as well as a rationale for the difference.

Click or tap here to enter text.

1. Modifications in Pain Level
	1. Are there any increases in pain level for the animal used? [ ]  Yes [ ]  No
	2. If yes, document what information source(s) or literature searchers were used to locate alternative methods. The Animal Welfare Act requires that a minimum of 2 or more searches must be conducted (i.e., Pubmed and Medline). Please provide the following information regarding your search: 1) list databases used, 2) keywords used in the search, 3) years covered by search, and 4) date on which current search was conducted. (For more information go to the USDA’s Animal Welfare Information Center at <http://www.nal.usda.gov/awic/alternatives/alternat.htm>.

Click or tap here to enter text.

**For questions, comments, or assistance in completing the form, contact the IACUC Chair (email on IACUC website).**

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