IACUC Protocol
Log #\_\_\_\_\_\_\_\_

**PROTOCOL MODIFICATION REQUEST**

**INDIANA UNIVERSITY OF PENNSYLVANIA
Institutional Animal Care and Use Committee (IACUC)**

* **All information must be typed. Handwritten proposals are not accepted.**
* **Submit one hard copy with original signatures to: Institutional Animal Care and Use Committee, Office of the Dean, College of Natural Sciences and Mathematics, 305 Weyandt Hall**

***Please click in the shaded fields to complete the form.
Use the arrow keys, Tab key, or PgUp/PgDn keys to navigate
Use the space bar or mouse to activate/deactivate check boxes***

**1. Principal Investigator or Instructor:**NameEmail address Campus address Department/Division Status (check one): [ ] Faculty [ ]  Staff [ ]  Doctoral student
 [ ] Masters student [ ]  Undergraduate student

**2. Students please provide the name of the faculty member providing direct supervision:**Faculty Advisor Department
Position/Rank Email address Daytime Phone
Campus address

**3. Project Title (***Be sure to use the same title as that used when this project was previously approved)*

IACUC protocol log # Current project approval period
Date of modification request submission

**4. Modifications requested**

Summarize below the revisions requested.

*(Note: only minor revisions are possible without submission and full committee review of a new protocol)*

**5. Please describe:**

1. Any adverse events or unanticipated problems involving risks to subjects or other this year:

1. Any withdrawal of subjects from the research:

1. Any complaints about the research

**6. Signature of Principal Investigator or Instructor

By signing below you are agreeing to the following statements:**

*(i)* I understand that I cannot use animal subjects until I have received approval from the IACUC.

 *(ii)* I agree to ensure the welfare of the animal subjects being used.

 *(iii)* I understand that as the Principal Investigator or Principal Instructor I am ultimately responsible for the conduct of those operating under my supervision.

 *(iv)* I will conduct this protocol as approved, and will report to the IACUC any problems or adverse events associated with the use of animal subjects.

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Signature of Principal Investigator / Instructor Date**