

**THE UNIVERSITY OF ALABAMA
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

PROTOCOL MODIFICATION FORM

IMPORTANT NOTE: The United States Department of Agriculture (USDA) and the PHS require you to submit proposed significant changes regarding the care and use of animals in ongoing activities for IACUC review and approval *before* implementing the changes. **Failure to obtain IACUC approval of a modification to your protocol could result in suspension of the study that was previously approved, if the IACUC determines that the activity is not being conducted in accordance with the original approved protocol.** If this occurs, you will be required to cease all activities with animals used in your study until further reviewed by the IACUC and the Institutional Official. If your protocol is suspended and you continue to use animals, this is considered a violation of federal regulations that govern the use of animals in research. Such violations must be reported to the Federal government and to University officials. Termination of your research and your funding by the government and/or the University may occur.

INSTRUCTIONS: Please complete and submit this form (typed) to the Office for Research Compliance at 358 Rose Administration, Box 870127. If you have any questions, please contact the Research Compliance Officer at 348-846.

General Information

IACUC Protocol # _____ Original Approval Date _____
Principal Investigator _____ Dept. _____
E-Mail _____ Phone (Office) _____
Project Title _____
Today's Date _____ Funding Agency _____

A. Nature of Requested Changes

Please check the nature of your requested change (check all that apply)

- Change of project title*
- Change of funding agency*
- Change in personnel (adding new personnel or deleting personnel, other than PI)*
- Change in number of animals
- Change of and/or addition of animal species
- Change in duration of project

If none of these changes above apply, please submit a new proposed animal use form.

***Indicates administrative change that may be completed by ORC.**

B. Proposed Modification

[Empty box for text entry]

C. Justification for Modification

[Empty box for text entry]

D. Signature

Signature of Principal Investigator

Date