

**Amendment/Modification to an IACUC approved project**

CMTT#: PI Name:

**Amendment Request Information:** *please provide answers to the following questions (noting “not applicable” if your requested change does not include this facet of your protocol).*

1. Provide a brief summary of the currently approved animal activities on the protocol (1-2 paragraph):
2. Outline and detail the proposed change in animal activities:

Please complete and attach the appropriate appendix for any new procedure added (e.g. surgery, non-surgical but painful or distressful, antibody production, hazard administration, breeding)

1. Provide scientific justification for the proposed changes:
2. Provide detail on any additional animals you will need as a part of this request, include group sizes and numbers justification:
3. List specific changes in anesthesia, analgesia, or euthanasia (type, dose, administration method/route, etc):

NOTES:

If this modification includes **new USDA category D or E procedures** a literature search is also required where consideration of alternatives to painful/distressful procedures is addressed. Please refer to the new/de novo application form for details required in your search.

**Name of PI/instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**