Eastern Illinois University

For IACUC Use Only

Date Received:

Institutional Animal Care and Use Committee

**Proposed Modifications** **to an Existing Animal Care and Use Protocol**

**Title of Project**: Click or tap here to enter text.

**IACUC File Number**: Click or tap here to enter text.

**Protocol Type:**  Research  Housing/Husbandry  Instruction

**Funding Source/Agency**: Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Investigator** | | | | |
| **Name**: | Click or tap here to enter text. | | **e-mail**: | Click or tap here to enter text. |
| **Department**: | Click or tap here to enter text. | | **Phone**: | Click or tap here to enter text. |
| **PI Contact Phone in the Event of a Disaster**: | | | | Click or tap here to enter text. |
| **Co-Investigator** | | | | |
| **Status**: ☐ Faculty ☐ Student ☐ Staff ☐ Other: Click or tap here to enter text. | | | | |
| **Name**: | | Click or tap here to enter text. | **e-mail**: | Click or tap here to enter text. |
| **Department or Other Institution**: | | Click or tap here to enter text. | **Phone**: | Click or tap here to enter text. |

Check the box(es) to indicate whether or not any of the following are proposed to **change**, and complete and submit any appropriate attachment(s):

Changes in key personnel

List changes (i.e., who is being added, who has left project). If new personnel are being added to the project, complete and attach [Attachment 1](https://www.eiu.edu/grants/files_iacuc/Attachment%201%20Personnel%20Information%20Form.doc).

Click or tap here to enter text.

Changes in number and/or species of animal being used or studied

Describe proposed changes. If new species are being added, complete and attach the [Animal Species Table Addendum](https://www.eiu.edu/grants/files_iacuc/IACUC%20Form%20B%20addendum.doc).

Click or tap here to enter text.

Changes in animal use procedures (check all that apply):

Changes in USDA Pain or Distress Classification

If Classification D or E, complete and attach [Attachment 2](https://www.eiu.edu/grants/files_iacuc/Attachment%202%20Pain%20Classification%20D%20or%20E.doc)

Surgery (Survival or Non-survival): Complete and attach [Attachment 3 – Surgery](https://www.eiu.edu/grants/files_iacuc/Attachment%203%20Surgery.doc)

Euthanasia: Complete and attach [Attachment 6 - Euthanasia, Death, or Disposition of Animals](https://www.eiu.edu/grants/IACUC%20Euthanasia%20Form.docx)

Studies involving wildlife: Submit [Attachment 4 – Wildlife Studies](https://www.eiu.edu/grants/files_iacuc/Form%20A%20Attachment%204%20Wildlife%20Studies.doc)

Additions and/or changes in sites where data are being collected or where animals are being housed or otherwise used.

Provide detailed information for additional sites or location changes, as well as animal living conditions, when applicable.

Click or tap here to enter text.

Changes in instructional protocol

Describe proposed changes, and complete and attach [Attachment 5 – Instructional Protocols](https://www.eiu.edu/grants/files_iacuc/Attachment%205%20Instructional%20Protocols.doc)

Click or tap here to enter text.

Changes in the funding source for the project

New Funding Source/Agency: Click or tap here to enter text.

Budget Period Start: Click or tap to enter a date. Budget Period End: Click or tap to enter a date.

This funding:  will replace previous funding  is in addition to current funding

Please provide any requirements imposed by the funding agency that were not in the original protocol:

Click or tap here to enter text.

Other proposed changes not listed above.

Click or tap here to enter text.

Investigator Assurance

I certify the accuracy of the information provided and reassert my intention to conduct the project according to the IACUC approved protocol and abide by University policies and procedures governing projects involving the care and use of animals.

**Submission of this form by the PI in the form of electronic mail is taken as evidence of this Assurance.**

**Please type your name(s) and the date below.**

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Principal Investigator or Course Director Signature Date

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Co-Investigator Signature Date

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| --- | --- | --- | --- | --- |
| FOR IACUC USE ONLY | | | | |
| Date Received: |  | Exemption Number: |  |  |
| IACUC Approval:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of IACUC Chair or Member Designee Date | | | | |