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| Modification Request Application *Significant changes* | **Office Use Only**IACUC#:Mod #:     Level of Review: [ ]  Accelerated Review [ ]  Designated Review [ ]  Full Committee Review |
| If you are making modifications to an approved protocol, complete and submit this application. **This form must be accompanied by a revised copy of the full protocol narrative**, with the proposed modification(s) incorporated within the protocol – use of the Track Changes feature is recommended. **Complete and submit this form via email to** **IACUC@chapman.edu**

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| NOTE: If you are only making minor changes (e.g., changes in non-key personnel, locations, etc.), complete the Minor Modification Request Application instead. |

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| Project Title: |       |
| Principal Investigator: |       |
|  | *Please check all that apply to indicate the changes that are being requested.* |
| Animals *Briefly Describe Update Protocol Narrative* |

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|  | Add new species: |       | Section 7: A |
|  | Add new strain: |       |
|  | Increase in numbers of already approved species: |       | Section 3 |
|  | Delete a species/strain from the study: |       | Section 3 |
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| Procedures *Briefly Describe*  *Update Protocol Narrative*  |

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|  | Add surgical procedure:*(e.g.) surgery, ICV injection)* |       | Section 5 |
|  | Add non-surgical procedure:*(e.g.) behavior test)* |       | Section 4 |
|  | Add new experimental/ therapeutic agent: |       | Section 7: B or A |
|  | Change in euthanasia method:*(must be AVMA approved)* |       | Section 8 |
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| Personnel *Update Protocol Narrative*  |

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|  | Change in key personnel | Section 9 |
| Name: |       |  |

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| **Administrative** *Briefly Describe**Update Protocol Narrative* |

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|  | Change in animal housing/ procedure/ surgery room: |       |  |
|  | Change in funding source: |       |  |
|  | Change in Lead Researcher’s contact information: |       | Section 9 |

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| Other (describe): *(e.g., add experiment, new device)* |

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PI Signature Date

Faculty Sponsor Signature Date

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| Approval for inclusion of this modification into the referenced protocol has been granted by the IACUC. |
| IACUC Chair or Designated Member | Date |  |

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| Modification Narrative Summary |
| *For each modification:** *Provide a summary of the change(s) that are being proposed.*
* *Include the rationale for why this is appropriate for the protocol*
* *List which section(s) of the protocol narrative was updated.*
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MODIFICATION SUMMARY BELOW