



# University of Central Arkansas IACUC Modification Request

*Forms must be submitted electronically as part of a single .pdf document attached to an updated application. Please submit to [researchcompliance@uca.edu](mailto:researchcompliance@uca.edu) (paper or handwritten submissions will not be accepted). If this paperwork is not submitted by the PI of the protocol, please copy the PI on the e-mail to document that he/she is aware of this protocol change.*

**IACUC NUMBER:**

**TITLE:**

**PI Name:**

**E-mail:**

**Phone:**

**Location:**

**Is this modification being submitted as a result of a comparative review? Yes No**

**Is this modification being submitted as a result of a grant review? Yes No**

**CHECK ANY CHANGES TO BE MADE TO THE APPROVED PROTOCOL:**

- |   |   |
|---|---|
| <input type="checkbox"/> Adding a new species                                 | <input type="checkbox"/> Changing animal use location   |
| <input type="checkbox"/> Increasing the number of an already approved species | <input type="checkbox"/> Changing mailing address, phone or pager numbers                             |
| <input type="checkbox"/> Deleting a species                                   | <input type="checkbox"/> Adding new personnel   |
| <input type="checkbox"/> Adding a new procedure                               | <input type="checkbox"/> Removing personnel   |
| <input type="checkbox"/> Changing an approved procedure                       | <input type="checkbox"/> Adding or changing Hazardous Agents ( <b>Hazard Form must be attached</b> ). |
| <input type="checkbox"/> Adding or changing therapeutic/anesthetic agents     | <input type="checkbox"/> Other (please describe):   |
| <input type="checkbox"/> Changing the method of euthanasia                    |   |

Please describe your changes (reasoning, location in application, etc.):

**PI Signature:**

**Date:**

**Advisor Signature:**

**Date:**

**OFFICE USE ONLY**

Approval for inclusion of this modification into the approved protocol has been granted by the IACUC on: \_\_\_\_\_ and will continue for the current approval period which ends on: \_\_\_\_\_.

Approval for this change will continue to be effective upon Annual continuation approval or until the protocol is terminated.

\_\_\_\_\_  
Signature of IACUC Chair or designee

\_\_\_\_\_  
Date