

AMENDMENT TO APPROVED ANIMAL CARE AND USE PROTOCOL

Oklahoma State University Center for Health Sciences
Institutional Animal Care and Use Committee
1111 W 17th St, Tulsa, OK 74107
918-561-1400

INSTRUCTIONS: Complete electronically. No hand-written versions accepted. Submit 1 fully signed original AND submit the electronic version to the IACUC Administrator. If changes requested in this amendment cannot be satisfactorily justified as fitting within the original objectives of the protocol noted, a new protocol should be submitted.

Protocol Identification

Protocol Title:		Approved Protocol Number:	
Principal Investigator Name:	Department:	Address:	
Office Phone:	Lab Phone:	Emergency Phone:	E-mail:

Nature of Change in Protocol

- | | |
|---|---|
| <input type="checkbox"/> Change in title | <input type="checkbox"/> Add/change therapeutic/anesthetic agents |
| <input type="checkbox"/> Add/change in personnel | <input type="checkbox"/> Change in method of euthanasia |
| <input type="checkbox"/> Change in animal housing | <input type="checkbox"/> Change animal use location |
| <input type="checkbox"/> Change in animal species | <input type="checkbox"/> Change mailing address, phone or e-mail |
| <input type="checkbox"/> Change in animal numbers | <input type="checkbox"/> Add/change hazardous agents |
| <input type="checkbox"/> Add/delete a procedure | <input type="checkbox"/> Transfer of animals to another protocol/entity |
| <input type="checkbox"/> Change in surgery | <input type="checkbox"/> Other (please describe): |

Explain and justify the change(s):

Date amendment is needed by:

Assurance by Investigator:

I assure that these activities do not unnecessarily duplicate previous experiments conducted here or elsewhere. I agree to conduct this project in accordance with the protocol originally submitted and approved by the IACUC, and to obtain prior approval from the committee before modifying the protocol.

Investigator 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: _____.

Signature of IACUC Chair or designee

Date