**IACUC Protocol Modification Request Form**

This form may be used for **requesting significant changes** to previously approved IACUC protocols. Please update and submit a dated copy of your IACUC Protocol Form (using track changes) along with this IACUC Modification Request Form to IACUC@uwosh.edu.

The following significant changes to ongoing research are reviewed through formal IACUC Review (FCR or DMR) following the same requirements for review and approval of new protocols.

**Changes include, but are not limited to the following:**

Change resulting in greater pain, distress, or degree of invasiveness

Change in animal numbers > 20% of original number approved

Change in the objectives of the study

Change in Principal Investigator or Co-Principal Investigator

Change from non-survival to survival surgery

Change in animals’ housing

Change in species used

Change that may have impact on personnel safety

Change in animal location that is currently not part of the animal program overseen by the IACUC

Change in euthanasia to any method not approved in AVMA Guidelines

Addition of new procedure that was not previously approved in protocol

Other:

Please Note:

* An **IACUC Animal Number Increase Form** can be submitted for a change in ≤ 20% of animal numbers
* A **Veterinary Verification and Consultation (VVC) Form** can be submitted for the following changes:

1. Change in the method of anesthesia, analgesia, or sedation
2. Change in experimental substance
3. Change in euthanasia method (within AVMA Guidelines)
4. Change in diet, including food and/or fluid restriction
5. Change in the duration, frequency, type, and/or number of procedures performed on animal if those procedures are either approved in the current protocol or an IACUC reviewed and approved SOP

Veterinary Verification and Consultation (VVC) may be used, provided the changes do not, 1) result in greater pain or distress, 2) involve change in procedure from non-survival to survival surgery, 3) alter housing location to an area not previously approved by IACUC as part of the animal program, or 4) modify species, study objectives, Principal Investigator/Co-Principal Investigator, or have an impact on safety.

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| **Date Submitted:** | |  | | | **Protocol Number:** |  |
| **Protocol Title:** |  | | | | | |
| **Principal Investigator (PI):** | | | |  | | |
| **Project Period End Date:** | | |  | | | |

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| **Changes to be made (Applicant should note which section(s) of the original approved protocol are to be changed, then state the new wording to reflect the changes needed):** | | | | |
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| **Reasons for Changes:** | | | | |
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| **Signature of PI:** | |  | **Date:** |  | |

**Signature:** An electronic signature or typing your signature is acceptable when submitting to [IACUC@uwosh.edu](mailto:IACUC@uwosh.edu). Submit form using your UW Oshkosh email account for user verification.

**IACUC Use Only Below This Line**

The proposed changes have been reviewed and approved. The changes may be implemented, and this form will be included in the protocol file. Reviewers may submit electronically to [IACUC@uwosh.edu](mailto:IACUC@uwosh.edu).

**Method of Review Used:** Designated Member Review Full Committee Review

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| **Designated Reviewer Signature:** |  | **Date:** |  |
| **Designated Reviewer Signature:** |  | **Date:** |  |

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| **Full Committee Review Decision:** |  | **Date:** |  |