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

MODIFICATION SUMMARY BELOW