

# IACUC ANIMAL USE PROTOCOL AMENDMENT REQUEST FORM

University of South Alabama

Date \_\_\_\_\_

Protocol # \_\_\_\_\_ Principal Investigator (print name) \_\_\_\_\_

*Note: ONE form per protocol.*

**ADD or DELETE Authorized Assistants** (circle appropriate action)

Name	Office Address	Phone		OHP?		Training*	
		Office	Home	Yes	No	USA	Prior

\* Provide training documentation with this form.

**Request for additional animals** (A request > 10% of originally approved animal number requires submission of new protocol.)

#	Justification for additional animals

**Minor Modifications in Experimental Procedures** (please explain; attach additional pages if necessary)

**Other minor Modifications to Protocol** (please explain; attach additional pages if necessary)

PI signature \_\_\_\_\_

<b>IACUC Completion Only</b>	
	<input type="checkbox"/> IACUC Chair / Vice Chair Approval
	<input type="checkbox"/> Referral to full Committee
	<input type="checkbox"/> Approval by full Committee