

**APPLICATION FOR MODIFICATIONS TO AN APPROVED PROTOCOL**

**Towson University  
Institutional Animal Care and Use Committee (IACUC)**

*Please submit to IACUC at [ospr@towson.edu](mailto:ospr@towson.edu). 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.*

**APPROVED PROTOCOL NUMBER:**

**APPROVED TITLE:**

**PRINCIPAL INVESTIGATOR:**

**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              |
| <input type="checkbox"/> Adding or changing therapeutic/anesthetic agents     | <input type="checkbox"/> Other (please describe):                         |
| <input type="checkbox"/> Changing the method of euthanasia                    |   |

\*\*If this modification includes **new procedures**, I certify that I have consulted with the following sources and, to the best of my knowledge, the new procedures requested in this protocol do not unnecessarily duplicate previous experiments or unnecessarily use animals (Check all applicable sources):  National Agricultural Library,  Library of Congress,  Medline,  Other (please specify):

**Please attach a detailed summary of your proposed changes to this application form. Send completed application materials to [ospr@towson.edu](mailto:ospr@towson.edu) or The Office of Sponsored Programs and Research Administration Building, Suite 212E. Allow six weeks for IACUC review. Please note that changes may not be implemented until you receive notice that the protocol modification is approved by the Towson University IACUC committee.**

**PI 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