For IACUC Use Only:  
Proposal Number enter text.  
Approval Date enter a date.  
Expiration Date enter a date.

1. **General Information**

|  |  |
| --- | --- |
| **PI Name:** Click here to enter text. | **Project Title:** Click here to enter text. |
| **Initial Protocol Approval Date:** Click here to enter text. | **Amendment Number:** Click here to enter text. |
| **Department:** Click here to enter text. | **Phone:** Click here to enter text. |
| **Fax:** Click here to enter text. | **Email:** Click here to enter text. |

**B. Reason for Amendment**

*Changes other than these are considered a* ***Major Amendment*** *and must be submitted as such*

Small change (≥ 10%) in animal numbers used for research from: Click here to enter text.

Change in animal numbers used for teaching activities: Click here to enter text.

Change in acclimation period: Click here to enter text.

Change in diet: Click here to enter text.

Add/deletion of procedure that is less invasive than the approved protocol. Explain: Click here to enter text.

Addition of minor procedure (causes minimal or less pain or distress). Explain: Click here to enter text.

Addition of sample collection times: Click here to enter text.

Addition of noninvasive sampling. Explain: Click here to enter text.

Change in age of animals: Click here to enter text.

Change in housing conditions: Click here to enter text.

Change in strain of animal species: Click here to enter text.

Change in sex of animal: Click here to enter text.

Addition of a faculty collaborator: Click here to enter text.

Addition/change in student technician: Click here to enter text.

Change in protocol title: Click here to enter text.

Transfer of animals to another PI (if same strains are approved for both PIs): Click here to enter text.

**Change in animal strain or number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Add:** | **Delete:** | **Strain/Species:** | **Original number:** | **Number to be added:** |
|  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Justification for added strain or species:** Click here to enter text.

**Justification for additional animals:** Click here to enter text.

**Change in personnel or personnel roles:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Add:** | **Delete:** | **Name:** | **Explain specific role of new personnel and describe the experience with specific procedures to be performed:** |
|  |  | Click here to enter text. | Click here to enter text. |
|  |  | Click here to enter text. | Click here to enter text. |
|  |  | Click here to enter text. | Click here to enter text. |
|  |  | Click here to enter text. | Click here to enter text. |
|  |  | Click here to enter text. | Click here to enter text. |

**C. Please provide details for each proposed change:** Click here to enter text.

**D. PI Assurance**

I verify that the activities proposed will be conducted in accordance with the approved protocol and amendments. Signature: Date:Click here to enter a date.

Please print form to sign and date. Form can be scanned and emailed to [IACUC@salemstate.edu](mailto:IACUC@salemstate.edu) with any supporting documentation. Alternatively the IACUC Annual Renewal Form can be sent via interoffice or US mail to Sponsored Programs and Research Admin (Adm 202), Salem State University 352 Lafayette Street Salem, MA 01970.

**E. IACUC Approval** (***For IACUC Use Only***)

Approved by:  IACUC Chair: Click here to enter text.Approval Date: Click here to enter a date.

Attending Veterinarian: Click here to enter text.

Other:Click here to enter text.