

IACUC Outcome:
Date:



Indiana University Health
Medical Research Laboratory
Protocol Amendment Form

Date Submitted

Protocol Number

Protocol Title

Principal Investigator

NATURE OF AMENDMENT

Add/Delete personnel from protocol
List name and titles, and specify action

Add animal numbers

Specify pain category and number requested. Provide scientific justification for additional animals.

Addition or change of animal species

Specify pain category and number requested. Provide scientific justification for species.

Medical Research Laboratory

Protocol Amendment Form

Addition or change of procedures

Detail specifics of the procedure and provide information as to how this procedure fits within the scope of the project. Explain the expected advantages and the rational for the addition or change in procedures.

Other