**Request for Modification**

**Project #:**

**Project Title:**

**Principal Investigator:**

**Co-PI(s):**

This document may be used to request a change to an approved protocol. Please note that any significant changes may require Full Committee Review.

Please check all that apply:

*[ ]* This request modifies the prior approval

[ ]  This request is an addition to the original approval

Approval of the following modification(s) is being requested for the following reason(s):

Please use the following for changes in personnel. Indicate if the person is being added or removed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name – Last, FirstAdditon/Removed | Role in Project | Address | Phone Number | E-mail |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Project #:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigators Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-PI’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-PI’s Signature Date

**[ ]  Full Board Review required**

**[ ]  Modification Approved**

**[ ]  Modification Denied**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, IACUC Date