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| IACUC use only: | |  |
| Approval Date: | Click here to enter text. | |

Instructions:

* This form is required for any modifications of an Animal Use Protocol (AUP) which is currently approved by the IACUC.
* Major modifications that would significantly change either objectives or design will require a new AUP.
* In completing this MR, briefly state the Objective(s) of the original approved AUP and how the proposed modification(s) would serve to further satisfy the Objective(s).
* Explain the modification(s) so it can be clearly understood how it (or they) fit in the Experimental Design as described in the Approved AUP
* It is preferred that this document explain the proposed procedures adequately so that the reviewers do not need a copy of the Approved AUP. However, if necessary, refer to the Approved AUP as needed so the reviewers can clearly understand the proposed modification(s).
* The deadline for getting this form to iacuc@uark.edu is 12:00 Noon on the FIRST FRIDAY of every month.

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| **PRINCIPAL INVESTIGATOR** | | | | | | |
| **Principal Investigator:** | Click here to enter text. | | **Department:** | Click here to enter text. | |  |
| **Phone Number:** | Click here to enter text. | | **Email Address:** | Click here to enter text. | |  |
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| **PROJECT INFORMATION** | | | | |  | | | |
| **AUP Number:** | | | Click here to enter text. | **Expiration Date:** | | Click here to enter text. |  | |
| **Title:** | Click here to enter text. | | | | | |  | |
|  | |  | | | | |  | |
| **Objective of the Protocol:** | | | | | | | |  |
| Click here to enter text. | | | | | | | |  |
| **Objective of the Modification:** | | | | | | | |  |
| Click here to enter text. | | | | | | | |  |

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| **REQUESTED CHANGES** | | | |
| **Additional Animals (add rows as necessary):** | | | |
| **Species:** | Click here to enter text. | **Number of animals:** | Click here to enter text. |
| **Housing:** | | | |
| Click here to enter text. | | | |
| **Experimental Design (such as treatment agents, procedures, etc.):** | | | |
| Click here to enter text. | | | |
| **Non-Surgical Procedures:** | | | |
| Click here to enter text. | | | |
| **Surgical Procedures:** | | | |
| Click here to enter text. | | | |
| **Euthanasia:** | | | |
| Click here to enter text. | | | |