***Request for Modification***

**Ag-IACUC Use Only**

 **Protocol Number: Click or tap here to enter text. Date Received: Click or tap here to enter text.**

 **Approval Date: Click or tap here to enter text. End Date: Click or tap here to enter text.**

***Instructions:***

* This form is required for modifications (*other than personnel*) of an Animal Use Protocol (AUP) which is currently
* approved by the Ag-IACUC.
	+ Major modifications that would **significantly** change either objectives or design will require a **new** **AUP**.
* In completing this modification request, please:
	+ Explain the modification(s) so it can be clearly understood how it (or they) fit in the Experimental Design

 as described in the AUP.

* + It is preferred that this document explain the proposed procedure(s) adequately so that the reviewers

do not need a copy of the AUP. However, if necessary refer to the AUP as needed so the reviewers can

clearly understand the proposed modification(s).

* + The ***deadline*** for getting this form to agiacuc@uark.edu is **12:00 midnight** on the **SECOND WEDNESDAY**

of every month.

**Protocol #:** Click or tap here to enter text.

**Project Title of Original Protocol:** Click or tap here to enter text.

**Principal Investigator:** Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**Objective of the Modification:** Click or tap here to enter text.

**Requested Changes:**

* **Animals:**
	+ **Change in Species:** Click or tap here to enter text.
	+ **Number of Animals required for this modification:** Click or tap here to enter text.
* **Methods:**
	+ **Change in Housing:** Click or tap here to enter text.
	+ **Change in Experimental Design:** Click or tap here to enter text.
	+ **Changes in Non-Surgical Procedures:** Click or tap here to enter text.
	+ **Changes in Surgical Procedures:** Click or tap here to enter text.
	+ **Changes in Euthanasia:** Click or tap here to enter text.
	+ **Other:** Click or tap here to enter text.