# IACUC

# Certification for Project Changes

## for Research and Teaching Involving Animal Subjects

Project Title Click here to enter text. IACUC Number: Click here to enter text.

Faculty/Staff Investigator

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

Student Investigator, If applicable:

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number Click here to enter text. Email: Click here to enter text.

Project Status:

[ ]  A = Active – Project ongoing

 [ ]  Changes are planned. Please complete the section below.

Notification of Changes: Please check the appropriate boxes below and provide additional information where appropriate (e.g. new title, new PI, description of changes, etc.)

[ ]  A. Change the project title

[ ]  B. Change(s) of principal or co-principal investigator(s), or other collaborators.

[ ]  C. Change(s) to project which will effect use of animal subjects

[ ]  D. Additional locations for conducting project

[ ]  E. Unexpected risks to animals, please give details

[ ]  F. Other (please explain: i.e., unanticipated problems/adverse events)

The primary principal investigator must sign this form.

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 Principal Investigator or Student Date

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 Faculty/Faculty Advisor Date

IACUC Use Only

 [ ]  Continuation of Research Approved (no modifications)

 [ ]  Continuation of Research Approved (with the following modifications) (Explain)

 [ ]  Continuation of Research Suspended or Terminated (Explain)

 (IACUC will complete the Project Termination/Suspension Form)

 Next Review Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 IACUC Chair Date

cc Provost/Vice President for Academic Affairs and Student Services

 Principal Investigator