***Request for Modification – Spring 2024***

**Ag-IACUC Use Only**

 **Protocol Number: Approval Date:**

***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 MONDAY**

of every month.

**Protocol #:**

**Project Title of Original Protocol:**

**Principal Investigator:**

**Objective of the Modification:**

**Requested Changes:**

* **Animals:**
	+ **Change in Species:**
	+ **Number of Animals required for this modification:**
* **Methods:**
	+ **Change in Housing:**
	+ **Change in Experimental Design:**
	+ **Changes in Non-Surgical Procedures:**
	+ **Changes in Surgical Procedures:**
	+ **Changes in Euthanasia:**
	+ **Other:**