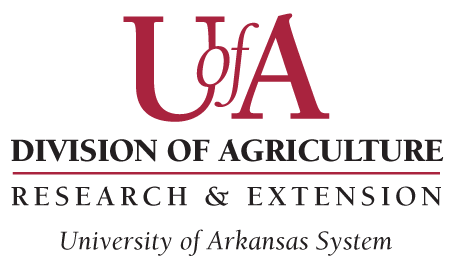
***Request for Modification – Spring 2024***



**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](mailto: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:**