

**Illinois State University  
Institutional Animal Care and Use Committee**

**Modification Form**  
revised: October 2008

Principal Investigator:

IACUC protocol number to be modified:

Department:

Campus Phone Number:

Mail Code:

E-Mail:

Modification Title:

Date requested:

Check Modification (s) requested, provide a reason for the proposed modification below, sign and submit to [plschnit@ilstu.edu](mailto:plschnit@ilstu.edu)

- Change in method of euthanasia (must be AVMA approved)
- Change/Addition in drugs/compounds administered
- Change/Addition in currently approved procedure/manipulations
- Change in duration or procedure or survival time
- Change in number of procedures performed on an animal (requires full committee review)
- Change in location of research
- Increase in number of animals to:
- Change/Addition of species
- Change in source of animals to:
- Change in animal strain to:
- Change in personnel (proof of required IACUC training should accompany this request)
- Other (please explain below)

**BRIEFLY DESCRIBE REQUESTED CHANGES** below and provide detail of modifications in the revised protocol. If there is a change in biosafety, physical, chemical, or radiation hazard, you must include an updated Appendix A.

At the discretion of the IACUC, principal investigators may be required to submit a complete, revised protocol form before approval can be considered. In compliance with federal regulations, modifications cannot be applied to work in progress until the IACUC has reviewed and approved the changes. For further information, please contact the Research Ethics and Compliance Office at (309) 438-2529 or [plschnit@ilstu.edu](mailto:plschnit@ilstu.edu)

SIGNATURE OF PI:

Date: