

**STATE UNIVERSITY OF NEW YORK AT POTSDAM
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

Request for Modification

Project #:

Project Title:

Principal Investigator:

Co-PI(s):

This document may be used to request a change to an approved protocol. Please note that any significant changes may require Full Committee Review.

Please check all that apply:

This request modifies the prior approval

This request is an addition to the original approval

Approval of the following modification(s) is being requested for the following reason(s):

Please use the following for changes in personnel. Indicate if the person is being added or removed:

Name – Last, First Additon/Removed	Role in Project	Address	Phone Number	E-mail

**STATE UNIVERSITY OF NEW YORK AT POTSDAM
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

Project #:

Principal Investigators Signature

Date

CO-PI's Signature

Date

Co-PI's Signature

Date

Full Board Review required

Modification Approved

Modification Denied

Chair, IACUC

Date