

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**The Institutional Animal Care and Use Committee (IACUC)**  
**ANIMAL PROTOCOL AMENDMENT FORM**

**Date:**

**Animal Protocol Number:**

**Investigator/Instructor:**

**Department:**

**Project Title:**

Please respond to the following questions and return this form to the Chairman of the IACUC.

If you want to amend the above protocol, please address the following questions. If the answer to any of the following questions is “yes,” please include an explanation.

1. What changes are you making to the originally approved protocol that relate to the experimental protocol or the species utilized? (Please explain below).

Please provide a concise and complete description of the changes you wish to make. You should report any changes, major or minor, including but not limited to a change in drugs and dosages, additions of or changes in procedures, addition of animals of the same species, or addition of a new species or strain of animal. Changes may require full review of the Institutional Animal Care and Use Committee.

2. Are there any changes in the personnel working with the animals? (Please explain below).

If so, please provide a list of names and contact information for each person added. New personnel must undergo mandated training prior to conducting research.

3. Have you consulted with the attending veterinarian regarding any changes? (Please explain below).

Yes  No

INVESTIGATOR'S ASSURANCE:

The information given in response to the questions above is accurate, and I understand that prior to initiating changes in my animal protocol affecting the use and care of laboratory animals, approval of the Institutional Animal Care and Use Committee will be obtained.

Signature of Principal Investigator or Instructor

Date

The amendment will be in force from the date of approval until the anniversary date of the protocol date  
from \_\_\_\_\_ to \_\_\_\_\_ .

Signature of Chairman, IACUC

Date