

Office of Sponsored Programs and Faculty Development IACUC Veterinary Care Modification Request Form

This form is to document review of a limited menu of veterinary care changes to a previously approved animal use protocol. Per NOT-OD-14-126 released on 26 August 2014, this form is to be submitted to the UW Oshkosh Campus Veterinarian who is here serving as a subject matter expert.

Date This Form Submitted: _____
Protocol Number: _____
Protocol Title: _____
Principal Investigator (PI): _____
Project Period End Date: _____
Species: _____

Note: Changes requested with this form MAY NOT increase pain, distress, or invasiveness. This must be addressed in your justification for this request.

Request(s) being made (check all that apply):

- Change in anesthesia
- Change in analgesia
- Change in sedation
- Change in experimental substance
- Change in euthanasia method (must remain within current AVMA Guidelines)
- Change in duration of procedure performed on animal
- Change in frequency of procedure performed on animal
- Change in type of procedure performed on animal
- Change in number of procedures performed on animal
- Change in diet, including food restriction

In the space below, compare and contrast the originally-approved procedure(s) with change(s) requested above. Include clear justification for requesting each change. Include why the requested change WILL NOT increase pain, distress, or invasiveness. (Use all the room you need.)

By checking this box and signing below, I understand that any failure to comply with the guidelines and requirements of the IACUC may result in suspension of my studies and notification to the funding agency, the OLAW, and/or the USDA as mandated by law

Signature of PI: _____ **Date:** _____

Signature: An electronic signature is acceptable when submitting this form. Please submit this form to mcdermot@uwosh.edu and cc: iacuc@uwosh.edu using your UW Oshkosh email account for user verification. This form will be included in the original protocol file.

Campus Veterinarian Use Only below this line

The requested changes checked, explained, and justified are:

- Approved
- Referred back to the PI for conversion to a Protocol Modification Request Form, followed by formal IACUC review.

Comments:

Signature Campus Veterinarian : _____ **Date:** _____