



**PROTOCOL FOR ANIMAL USE AND CARE:  
AMENDMENT & RENEWAL**

Please e-mail to: IACUC@newhaven.edu

IACUC USE ONLY

Project No. \_\_\_\_\_

Protocol Expires:

**Project Number:**

**Date Originally Approved:**

**Project Title:**

**Principle Investigator:**

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\_\_\_\_\_ I request renewal of this expiring Animal Use and Care Protocol with no modifications.

\_\_\_\_\_ I request renewal of this expiring Animal Use and Care Protocol with the amendments detailed below.

\_\_\_\_\_ I would like to amend this current Animal Use and Care Protocol as detailed below.

**AMENDMENTS TO PROTOCOL (if applicable)**

**Describe proposed changes to animal care and use procedures, including justification for why the change is necessary:**

**Do proposed amendments change the level of pain expected in the procedure:** Yes or No

If yes, attach updated version of Addendum I: CONSIDERATION OF PAINFUL PROCEDURES from application form.

**Do proposed amendments require surgery not described in original application:** Yes or No

If yes, attach updated version of Addendum II: SURGICAL PROTOCOL from application form.

**Additional personnel who will perform animal-related support functions associated with the experimental protocol – for each, please provide:**

Full name:

Affiliation:

Title/degree:

E-mail address:

Role in animal care/handling:

Description of qualifications:

**APPROVAL**

IACUC members are asked to carefully review this request for an amendment and provide comments. If a Full Committee Review is not requested, amendments and annual renewals will be reviewed by the Designated Member Review process detailed in the Standard Operating Procedure.

Signatures indicate acceptance of the amendment or renewal as written.

**Designated reviewer(s)** – add additional members as necessary:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

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**Title**

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**Date**