** Institutional Animal Care and Use Committee (IACUC)**

**Modification Request for Animal Species Usage Animal Husbandry, Instruction, or Display**

This form should be submitted in the following circumstances:

* A new species is being added to an existing protocol
* A species in an existing protocol will no longer be in use, **not** due to unforeseen harm/death to an animal
* Significant changes in the number of animals in a species in an existing protocol
* Changes to the source or ownership of a species in an existing protocol

This form may be submitted alone when the only changes to a protocol are those described above. Use additional forms as needed.

A [Care Sheet](Proposed%20Animal%20Care%20Sheet.docx) must be provided for each **new** species listed.

**Eastern Illinois University IACUC reserves the right to deny or revoke housing for privately owned animals for any reason.**

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| --- | --- | --- | --- | --- |
| **Project Information** | | | | |
| Title of Project/Course |  | | |
| PI Name: |  | Original Protocol Number: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Common Name:** | | | | | | ***Scientific Name:*** | | | | |
| Add this species to the protocol  Remove this species from the protocol  Existing species with changes – complete relevant fields only | | | | | | | | | | |
| Quantity | Person responsible for non-medical care of animals/Primary Caretaker | | | | | | | | Emergency Phone: | |
|  |  | | | | | | | |  | |
| Animal(s) Estimated Arrival Date: | |  | | | End Date (if known): | | | |  | |
| If person responsible for non-medical care of animals is not the PI: | | | | | | | | | | |
| Primary Caretaker e-mail: | | |  | | | | | Phone: |  | |
| Primary Caretaker Signature: | | |  | | | | | Date: |  | |
| Is animal(s) privately owned / maintained? | | | | Source of Animals (if not privately owned) | | | | | | |
| No  Yes | | | |  | | | | | | |
| Will animal(s) be on campus during semester breaks from someone other than the PI? | | | | | | | | | | |
| No  Yes (indicate caretaker): | | | | | | | | | | |
| Semester Break Caretaker Phone: | |  | | | | Emergency Phone: | | | |  |
| Break Caretaker Signature: | |  | | | | | Date: | | |  |
| If species is being removed or there are changes to a species quantity or ownership, briefly explain the reason(s) for this change: | | | | | | | | | | |
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