This form should be used for all minor revisions (listed below). If your revision is not listed below, please see the instructions for submitting Major Revisions.

Section 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IACUC #** |  | **Principal Investigator Name** |  | | |
| **IACUC Study Title** |  | | | | |
| **PI Signature** |  | | | **Date** |  |
| **Minor Revision Type** | Administrative Review (Column 1) and/or Expedited Review (Column 2) | | | | |

Section 2

|  |  |
| --- | --- |
| **Minor Revisions – Administrative Review** | **Minor Revisions – Expedited Review** |
| Administrative changes (changing titles, contact information, etc.) | Addition of animals that exceeds 10% of original approval numbers |
| Changes in delegation of the provision of care or husbandry | Addition of drugs to induce a transgene expression |
| Study or funding source | Change in tissue collection method for genotyping |
| Addition of animals that does not exceed 10% of original approval numbers | Addition of non-invasive procedures similar to ones currently approved in the protocol |
| Change in housing or facility | Changes in blood draw techniques |
| Addition or removal of personnel | Changes in experimental drug route or dose of an approved drug |
| Removal of a species, agents, or experimental procedures from a protocol | Changes in non-standard diets or addition/deletion of supplements |
| **Please describe the minor revision/s below:** | Changes in strain, sex, source, or age of animals |
| Changes in surgery length |
| Changes or additions of veterinary therapeutic drugs |
| ☐ Changes or additions to anesthesia monitoring methods |
| Changes or additions to environmental enrichment methods |
| Changes or additions to identification methods |
| Changes or additions to sterilization/Disinfection methods |
| Changes or additions to supportive care (i.e. supplemental heat, IV fluids, etc.) |
| Changes or additions to the anesthetics or analgesic regimen |
| Changes or additions to the euthanasia methods which are AVMA acceptable |
| Changes to wound closure type, technique, or removal date |
| Increasing the number of collections for tissue or fluid collections currently listed in the protocol |