Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Animal Care and Use Committee web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IACUC evaluation process. Complete all sections of the protocol application (indicate N/A in the section not applicable to your protocol). "See attached proposal" or “See the previous section” are not an acceptable responses.

Enter information by clicking the [ ]  box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IACUC website**](http://research.umbc.edu/institutional-animal-care-and-use-committee-animal-care-use/) **for all up-to date guidance and information regarding the below questions.**

Investigator/Instructor: Click here to enter text.

Phone/E-mail: Click here to enter text.

Protocol Title: Click here to enter text.

IACUC Approval #: Click here to enter text.

IACUC Approval Date: Click here to enter a date.

OLAW's guidance allows for some proposed changes to protocols to be reviewed by an IACUC administration office (e.g. the ORPC) and presented, where appropriate, to the IACUC Chair and/or attending veterinarian for administrative approval. Check all that apply and provide detailed explanation. Be sure to describe what was previously approved as well as the requested change.

[ ]  **Change in investigator(s).** Provide the dates these personnel completed animal care (CITI) and occupational safety and health program training (OSHP).

Reason for change: Click here to enter text.

Name Title Role CITI OSHP Qualifications

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[ ]  **Change in laboratory staff / personnel.** Provide the dates these personnel completed animal care (CITI) and occupational safety and health program training (OSHP).

Reason for change: Click here to enter text.

Name Title Role CITI OSHP Qualifications

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[ ]  **Reduction in numbers from previously approved, the source or supplier of animals.**

Reason for change: Click here to enter text.

[ ]  **Correction of typographical errors in a previously approved protocol**

Reason for change: Click here to enter text.

[ ]  **Addition or change in funding**  (**include Proposal or Award ID and Award Title)**

Reason for change: Click here to enter text.

[ ]  **Correction of grammar in a previously approved protocol**

Reason for change: Click here to enter text.

The information provided in this form accurately represents the changes I propose for my previously approved IACUC application. I am aware that all certifications, which I agreed to on the original application, will remain in effect.

Investigator’s Signature: Click here to enter text.

Email: Click here to enter text.

Date: Click here to enter a date.

**Electronically submit the protocol and any accompanying documents to** **iacucsubmissions@umbc.edu****.**

Minor change request – 07/31/2018