

REQUEST FOR MODIFICATION OF PREVIOUSLY APPROVED IACUC PROTOCOL
Institutional Animal Care and Use Committee of Morehouse School of Medicine/

REQUEST TO MODIFY A PREVIOUSLY APPROVED IACUC PROTOCOL
Institutional Animal Care and Use Committee of Morehouse School of Medicine/Atlanta University Center



Signature, Principal Investigator

Date

Name of Principal Investigator

Phone number

Department

APPROVED

Signature, Chairperson MSM/AUC, IACUC, or CLAR Director

Date

| | | | |
|----------------------------------------------------|--|--|--|
| | | | |
| <i>Post-operative Analgesia</i> | | | |
| <i>Please Specify Drug</i> | | | |
| <i>Frequency</i> | | | |
| <i>r</i> | | | |
| | | | |
| | | | |
| <i>If yes, please specify location:</i> | | | |
| | | | |
| <i>IP, IV, SQ, IM, ID (specify all that apply)</i> | | | |
| <i>Location</i> | | | |
| <i>Volume</i> | | | |
| <i>Frequency</i> | | | |
| | | | |
| <i>Location</i> | | | |
| <i>Volume</i> | | | |
| <i>Frequency</i> | | | |
| <i>Signs to monitor</i> | | | |

| | | | |
|------------------------|--|--|--|
| | | | |
| <i>Biosafety Level</i> | | | |
| <i>PPE</i> | | | |
| <i>Procedures</i> | | | |
| | | | |
| <i>PPE</i> | | | |
| <i>Procedures</i> | | | |
| <i>Others</i> | | | |

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