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# Institutional Animal Care and use Committee

# Veterinary Verification and Consultation Form

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| **PROTOCOL MODIFICATION PROCEDURES** |
| This form is for documenting minor protocol changes mutually agreed to between Veterinarian and Project PI, such as minor adjustments to an approved medication regimen. It is not to be used for protocol modifications requiring IACUC review and approval.   * Note protocol number and date of your amendment at the top of any attached appendix forms. * Completed versions must be submitted to [iacuc@usm.edu](mailto:iacuc@usm.edu)   Last Edited April 9th, 2021 |

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| Today’s date: | | | | | | | Original Approval Date: |
| Project INformation | | | | | | | |
| Project Title: | | | | Protocol #: | | | |
| Principal Investigator: | | Phone: | | | | Email: | |
| College: | Department: | | | | Campus Address: | | |
| Details Of THE Change | | | | | | | |
| Date change is to be implemented: | | | Rationale for the change: | | | | |
| **ASSURANCE BY INVESTIGATOR:** I agree to conduct this project in accordance with this modification.  **By typing my name below, I acknowledge that I have read, understood, and approve of the information contained herein.**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Principal Investigator Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Veterinarian Date** | | | | | | | |
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