***Complete this Form for Procedural, Personnel, or Funding Changes to an Active AUP***

***and Submit to*** [***iacuc@lssu.edu***](mailto:iacuc@lssu.edu)

**Protocol Title**: Click or tap here to enter text.

**Protocol Number**: Click or tap here to enter text.

**Principal Investigator**: Click or tap here to enter text.

**USDA Pain Category (refer to your AUP Section 9 Experimental Stress and Pain)**: Choose an item.

***Directions****: Only complete the following section(s) that apply to the changes you would like to make, select N/A for those that do not.*

Choose an item.

1. **Procedural Changes**
   1. Include a brief explanation, original wording of the section to be changed, and the specific changes (insertions should be in **BOLD** and deletions in ~~strikethrough~~):

Click or tap here to enter text.

* 1. Reason(s) for changes: Click or tap here to enter text.

Choose an item.

1. **Personnel Changes**
   1. If multiple individuals are being added, copy and paste the following section into the form.

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | |
| Department/School: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | |
| Office: Click or tap here to enter text. | |
| Office phone number: Click or tap here to enter text. | |
| Cell phone number: Click or tap here to enter text. | |
| Have they completed required animal welfare training (e.g., CITI courses posted on iacuc.lssu.edu)? | Choose an item. |
| Describe experience/training they have had or will have with specific animal model(s): | Click or tap here to enter text. |

* 1. Personnel to be deleted: Click or tap here to enter text.

Choose an item.

1. **Funding Changes**
   1. Grant/Contract Title: Click or tap here to enter text.
   2. Grant #: Click or tap here to enter text.
   3. Funded by: Click or tap here to enter text.
   4. Principal Investigator: Click or tap here to enter text.
   5. For PHS funded Projects, are contents of the protocol the same as described in the PHS proposal application? Choose an item.
   6. Submit a copy of the PHS-funded grant for congruency with this form.

Grants to be deleted: Click or tap here to enter text.

**Signature of Principal Investigator**: Click or tap here to enter text.

**Date**: Click or tap to enter a date.

***\*\*\*If changes involve a USDA Category D or E protocol, has the Attending Veterinarian reviewed them?*** Choose an item.

If so, the following signature is required:

Signature of Attending Veterinarian: Click or tap here to enter text.

Date: Click or tap to enter a date.