



UCF IACUC Addendum/Modification Form

Office Use Only:

Date Received:

Approval Date:

This addendum form does NOT extend the IACUC approval period or replace the Continuing Review form for renewal of the study.

INSTRUCTIONS: Use this form to request IACUC review of a minor change in an approved IACUC protocol and submit the request via e-mail to IACUC@mail.ucf.edu or mailed to the IACUC Office: ATTN: Cristina Caamaño, IACUC Coordinator, 12201 Research Parkway, Suite 502, Orlando, FL 32826-3246 or campus mail 32816-0150. Phone: 407-882-1164, Fax: 407-823-3299.

All Addendums must be approved by the IACUC prior to implementation.

Protocol Number:

Principal Investigator:

Title of Protocol:

Type of Project: Category A ___ Category B ___ Category C ___ Category D ___ Category E ___

Changes to be Made: (provide sufficient detail to allow evaluation by the IACUC)
If new personnel will be added, training information for each procedure involved needs to be provided on this form.

Reasons for Addendum/Modification:

If more space is needed, please attach an additional page to this form.

Signature of Principal Investigator _____ **Date** _____