**Protocol Amendment Form**

**Faculty of Science, Mahidol University–Institutional Animal Care and Use Committee (MUSC–IACUC)**

1. Protocol details

 Protocol number: MUSC - -

 Title

 Principal investigator

 Approval date Expired date

2. Is this the first protocol amendment request?

□ Yes—*proceed to 3*

□ No, *provide details of all protocol amendment requests associated with the Animal Care and Use Protocol number*

|  |  |  |
| --- | --- | --- |
| **Amendment number** | **Type of request with brief description** | **Approval date** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

3. Provide brief non-technical synopsis of existing protocol and background information

4. Indicate protocol amendment request for change (check all that apply)

□ Investigator

□ Objective of the study

□ Animal number or species used

□ Experimental procedure

□ Extension of protocol expiration date

□ Other, specify

5. Provide summary of modification(s)

6. Provide justification for modification(s)

7. Provide references (if applicable)

Principal investigator Date

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Head of Department Date

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Faculty/Institute

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**Official use only**

 □ Approved □ Disapproved

MUSC–IACUC Chair Date

 ( Emeritus Prof. Dr. Nateetip Krishnamra )