**DO NOT include the complete application in describing**

**modifications and requests for additional time to collect data.**

**Name of Project:**

**Name of Researcher:**

**Department:**

1. Has there been any change in the level of risks?

(If “Yes”, please explain changes on a separate page). [ ]  Yes [ ]  No

1. Is there a request to change personnel on the research team?

 (If “Yes”, please describe on a separate page). [ ]  Yes [ ]  No

1. Do Standard Operating Procedures need to change? (If “Yes”, please describe on a separate page). [ ]  Yes [ ]  No
2. Have there been any changes to the source(s) of subjects and the

Selection criteria? (If “Yes”, please describe on a separate page). [ ]  Yes [ ]  No

1. Have there been any changes to your research design that were not

specified in your application, including the frequency, duration and

location of each procedure. (If “Yes”, please describe on a

separate page). [ ]  Yes [ ]  No

1. Is there desire to extend the time line of the project? [ ]  Yes [ ]  No

On what date do you anticipate data collection to be completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe all funding sources for the work to be done, and include funding expiration dates.

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**IACUC ACTION**

[ ] Approved

[ ] Not Approved

Comments:

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IACUC Chairperson Date