

**EAST STROUDSBURG UNIVERSITY  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**FORM 2: PROTOCOL RENEWAL & MODIFICATION FORM**

*Please complete using Microsoft Word and e-mail as an attachment to: [IACUC@esu.edu](mailto:IACUC@esu.edu). If you type your name on the signature page and send the form from your ESU e-mail account, it will be considered a signed form.*

This form must be completed at the end of each year for each approved protocol. It is designed to indicate termination of the protocol, extension of the time allowed, or to request minor changes to the protocol. Approved protocols may be extended twice using this form, but to extend beyond three years, or to make significant changes to an approved protocol, a new protocol must be submitted.

<b>Original Protocol #</b>		<b>Date Submitted:</b>	
<b>Principal Investigator:</b>			
<b>Department:</b>			
<b>E-mail:</b>			
<b>Project Title:</b>			

**Requested Action**

- Renew/Extend Time Period.** Time period of protocols may be extended for a maximum of one year beyond the approved protocol. Provide justification for renewal in the box below.
- Add/Change Procedures.** Describe the proposed change in procedure and provide information as to how it fits within the scope of the project as presented in the approved protocol. Provide justification in the box below.
- Add/Change Geographic Scope.** List alternate / additional sites in the box below.
- Add/Change Animal Species.** Provide scientific and common names, source of animals to be used, and justification for use of alternate/additional species. Provide justification in the box below.
- Increase Animal Numbers.** State number and source of additional animals to be used, and explain why a smaller number would not allow you to meet your objectives. Provide justification in the box below.
- Add Personnel.** List names and qualifications in the box below.
- Other.** Provide details and justification in the box below.

**Justification**

Describe proposed changes and justify the request. Use additional paper if necessary.

\_\_\_\_\_  
**Signature, Principal Investigator**

\_\_\_\_\_  
**Date**

**FOR IACUC USE ONLY**

_____ <b>Signature, IACUC Chair</b>	_____ <b>Date</b>	<input type="checkbox"/> approved	<input type="checkbox"/> disapproved
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