**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