***University of Montana***

***IACUC***

**Amendment to AUP**

*E-mail your completed amendment form to the IACUC Manager at* *IACUC@mso.umt.edu**.*

Date:

PI:

Contact person and email:

AUP #:

Title of AUP:

**Amendment:**

1. New or additional animals (species, strain and number):
2. New experimental drug or test substance (to include route, dosage, frequency):
3. New anesthesia:
4. New analgesia:
5. New euthanasia method:
6. New sample collection technique:
7. Change to surgical technique or approach:
8. New experimental groups**:**
9. New study area:
10. New techniques and/or needed training:
11. New personnel:

 Name, title, email:

 Experience:

 Who will train personnel:

1. Other additions or changes**:**
2. Summary and justification for amendment including references, tables, etc.: