



ANIMAL CARE AND USE PROTOCOL
Mahidol University-Institute Animal Care and Use Committee
(MU-IACUC)

AMENDMENT REQUEST FORM

1. IACUC Approval No.:

Protocol title:

(Thai).....

(English).....

Approval date..... **Expiration date**.....

2. Non-technical summary: *(Provide a brief description of the project).*

3. Request Changes

- | | |
|---|---|
| <input type="checkbox"/> Principal Investigator/Co-investigator | <input type="checkbox"/> Experimental Procedure |
| <input type="checkbox"/> Objective of the study | <input type="checkbox"/> Study location |
| <input type="checkbox"/> Animal Species or Number of animals | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Extension of protocol expiration date | |

4. Summary of modification(s)

Previous detail	Proposed detail	Justification for modification

5. References (if applicable)

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Principal investigator: Name.....

(Signature)

(Date)

Head of Faculty/Institute: Name

(Signature)

(Date)

Faculty/Institute:
.....
