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| **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).*

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3. **Request Changes**

Principal Investigator/Co-investigator Experimental Procedure

Objective of the study Study location

Animal Species or Number of animals Other: …………………

Extension of protocol expiration date

**4. Summary of modification(s)**

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**5. Justification for modification(s)**

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**6.) References (if applicable)**

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**Principal investigator:** **Name**………………………………………………………...…

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(Signature) (Date)

**Head of Faculty/Institute: Name** ………………………………...……………………

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(Signature) (Date)

**Faculty/Institute:**  ………………………………………………………………………

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