*A picture containing text, bottle

Description automatically generated*

***Institutional Animal Care & Use Committee***

**MBL**

7 MBL Street

Woods Hole, MA 02543

USA

p: 508.289.7173

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iacuc@mbl.edu

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

**ADDENDUM REQUEST**

TO APPROVED MBL IACUC PROTOCOLS

Protocol No.     Date of Addendum Request     Date of Addendum Approval

Project Title:

Principal Investigator:

**Changes to be Made**: (provide sufficient detail to allow evaluation by the IACUC). If request is for the addition of new responsible personnel, then include a description of the experience of said personnel for each procedure they will be involved with.

**Rationale for Addendum/Modification**:

If more space is needed, please attach an additional page to this form.

Date:

Signature of Principal Investigator

Date:

Signature of IACUC Chair