

IACUC PROTOCOL AMENDMENT FORM

Use this form to amend any approved protocol.

This document should be submitted by the investigator as an e-mail attachment to IACUC staff at iacucsubmission@nu.edu.kz. A signed cover sheet is not required. If there are attachments, submit them as another single Word file.

Project Title:

Principal Investigator:

Department:

Phone #:

Date:

Please check all categories in which changes are proposed:

- | | |
|--|--|
| <input type="checkbox"/> Research Team Personnel | <input type="checkbox"/> Cpkc n'Uwdlgeu<''''''''''Ur geku''''''''''P wo dgtu |
| <input type="checkbox"/> Uwf { 'Qdlgevkxgu | <input type="checkbox"/> Cpkc n'O qpkqtłpi |
| <input type="checkbox"/> 'Uwti kcn'Rtqegf wtgu | <input type="checkbox"/> Gwj cpcuk'O gj qf |
| <input type="checkbox"/> Cpgugyj keICpcni guk'Tgi ko g | Special Hazards |
| <input type="checkbox"/> Other'Cevkxkv{: | |

Describe changes to the approved protocol/IACUC application form. Explain in detail in the space below or as a separate attachment the reasons for requesting these changes and which part(s) of the approved document will be amended

NOTE: If the changes you intend to propose include collaborating with investigators at another institution, contact IACUC before completing this form.

A revised protocol with changes included and clearly marked should be submitted.

Principal Investigator:

I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Nazarbayev University Institutional Animal Care and Use Committee.

Attestation of Principal Investigator

Name / Signature of Principal Investigator

Date

Sign below only if there are changes to the list of co-investigator(s). Please submit copy of their CITI training certification(s).

Name / Signature of New Co-Investigator(s)

Date