

**Confirmation of IACUC Approval  
Verification of Change to IACUC Title**

Principal Investigator		UPN		Date	
Project Title					
	Agency				

The title of the IACUC approval provided is not exactly the same as the title of your proposed project. After completing this section, submit this document to the IACUC office. The IACUC will review and if approved, forward the signed document to the Division of Sponsored Research (DSR).

**“I, the undersigned Investigator, certify that:”**

IACUC Approval #		entitled	

which, other than the title, is exactly identical in every term, number of animals, procedure, application, precaution, etc., to the project referenced above. The undersigned Investigator promises to make no changes and/or deviations whatsoever, no matter how minor, from the existing IACUC-approved protocol. Should the need for changes and/or deviations from the existing IACUC-approved protocol arise, no matter how minor, the undersigned Investigator shall submit those changes for full IACUC review and approval *before they are implemented*. The undersigned Investigator further agrees that if he/she at any time or for any reason changes and/or deviates from the existing IACUC-approved protocol without first obtaining full IACUC review and approval, he/she will be subject to appropriate sanctions.

Once this approval is received from the IACUC office, DSR will notify the appropriate Agencies that require verification of approval. However, if the Agency requests verification of approval from you directly, please notify DSR.

**IACUC Office:** Box 100142, Gainesville FL 32610-0142  
Phone (352)392-9917 Fax (352)392-9919

*Please Note: Additional information may be requested from the IACUC office. IACUC forms, instructions and deadlines are available on-line at <http://animaluse.ufl.edu>*

**“I, the Principal Investigator, having read and agreed to the terms above, request the IACUC approve the title of the referenced project as a subtitle to my protocol.”**

\_\_\_\_\_  
**Principal Investigator’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**IACUC Approval**

\_\_\_\_\_  
**Date**

**Name:**  
**Title:**

PI: Forward original to the IACUC office.

IACUC office: Forward one copy to Research and Graduate Programs/Division of Sponsored Research, Campus Box 115500 Phone 392-1582