

UNIVERSITY OF GHANA



University of Ghana Institutional Animal Care and Use Committee (UG-IACUC)

Phone:
Email: UG-IACUC@ug.edu.gh

P.O. Box LG 581
Legon, Accra
Ghana

Office Location: Department of Animal Experimentation Building, Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana

FORM C: PROTOCOL AMENDMENT FORM

FOR OFFICE USE ONLY

1. **TYPE OF PROJECT** (please check one): Research ☐ Teaching/training ☐ Testing ☐

2. **UG - IACUC PROTOCOL NUMBER:** _____

3. **PAYMENT**

i. Payment Receipt No.:

ii. Payment waiver.....Yes ☐ No ☐

iii. If yes, provide justification.....

INSTRUCTIONS:

- Please complete all sections of this form.
- Submit **one** hardcopy of this form to the UG-IACUC office.
- The **amended documents with highlighted changes** should accompany the amendment form. Send a soft copy to UG-IACUC@ug.edu.gh to facilitate the review process.
- Attach a detailed version (**a one-page writeup**) of reason for change(s); this should include justifications for the change.
- This form must be completed in Times New Romans with a font size 11.

SECTION A: BACKGROUND INFORMATION

Study title			
Principal Investigator		Study start date	
Certified Protocol Number (CPN)		Anticipated end date	

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SECTION B: PROPOSED AMENDMENTS

Amendment type (e.g. Protocol amendment, modification of consent etc.)	
Proposed by:	
Reason for change:	
Will change increase risks to animal subject in any way?	

SECTION C: SIGNATURE

Name of person completing this form:	
Contact Address:	
Email:	Phone No:
Signature:	Date: