

Veterinary Verification and Consultation (VVC) Request Form

(Complete form, attach to relevant Click protocol via comment, then notify IACUC Office and veterinarians via email. If urgent, call veterinarian on-call.)

1. A phone consultation with Dr. Peirick/Dr. McCutcheon (**circle**) has taken place on _____ (**date**).
2. IACUC **approved protocol**: _____ (IACUC approved protocol number for which changes are sought).
3. IACUC **approved procedure(s)**: _____ (exact name of approved procedure(s) already in Click for which changes are sought).
4. **Description of changes:**

5. Required Attestations:

- a. I hereby attest that I fully understand that this VVC Request Form must FIRST be reviewed and approved by a veterinarian. Only after official approval notification, may I begin implementation of changes. (Simply submitting this form is not the final step!)
- b. I hereby attest that I also understand that changes approved by VVC will expire within 60 days of veterinary approval UNLESS an official protocol amendment is made and approved.
- c. I have fully reviewed and understand the UB IACUC Policy on VVC.

PI Signature: _____

Date of VVC Request Form Submission: _____