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| **Akkoord/approval IvD Utrecht:** Kies een item., Date |

# Aanpassingsformulier via de IvD Utrecht *Modification form through the IvD Utrecht*

Opsturen naar [info@ivd-utrecht.nl](mailto:info@ivd-utrecht.nlo?subject=aanpassing%20dierproef) o.v.v. ‘aanpassing dierproef’  
*Mail to* [*info@ivd-utrecht.nl*](mailto:info@ivd-utrecht.nl?subject=Modification) *citing ‘modification’*

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| **CCD-nummer:**  *CCD number:* | | AVD | | **Einddatum vergunning:**  *End date of licence:* | | | | | | | | Date | | |  | | | | | |
| **Datum:**  ***Date:*** | | Date | | **Volgnummer wijziging binnen project:**  *Serial number modification within project:* | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Betreft wijziging in/*concerns modification in:*** | | | | | | | | | | | | | | | | | | | | |
|  | **Werkprotocol-nummer:**  ***Work protocol number:*** | |  | | |  | | **Projectvoorstel**  *Project proposal* | | | | |  | **Bijlage beschrijving dierproeven**  *Appendix Description Animal Procedures* | | | | | | Nr.: Fill in |
| **Titel werkprotocol:**  *Title of work protocol:* | | |  | | | | | | | | | | | | | **Einddatum:**  *End date:* | | | Date | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Puntsgewijze omschrijving voor mutatieoverzicht/*Pointed description for modification overview:*** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Toelichting op en rechtvaardiging van de wijziging**/*Explanation and justification of the modification:* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Oorspronkelijk aantal dieren in werkprotocol:**  *Original number of animals in work protocol:* | | | | |  | | | | Optioneel: aantal dieren na wijziging:  *Optional: number of animals after modification:* | | | | | | | | |  | | |
| **Ongerief ingeschat in oorspronkelijk protocol:**  *Discomfort estimated in original protocol:* | | | | | Choose | | | | Optioneel: ongerief ingeschat na wijziging  *Optional: estimated discomfort after modification* | | | | | | | | | Choose | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Aanvrager van de wijziging:**  ***Applicant of the modification:*** | | |  | | | | **Mail:** | |  | | | | | | | | **Tel:** |  | | |
| **Indien de aanvrager niet VO of VU is, naam en akkoord van VO of VU[[1]](#footnote-2):**  *If applicant is not PI or SD, name of and approval from PI or SD is required1:* | | | | | | | | | |  | Naam/Name | | | | | | | | | |

### Invullen door de IvD Utrecht **Dit betreft:**/this concerns:

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|  | **Alleen intern**  *Internal only* | |  | **Melding CCD**  *Report to CCD* |  | **Beoordeling CCD**  *Assessment by CCD* |
|  | Vervangend WP gewenst  *Replacement WP required* | |  | Betreft extra handeling onder terminale anesthesie  *Concerns extra procedure under terminal anaesthesia* |
|  | Vervangende handelingenlijst gewenst  *Replacement procedures list required* | |  | |
| **Voorwaarden:**  *Stipulations:* | |  | | | | |

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| **Mutatieoverzicht** (wordt ingevuld door de IvD):  *Modification overview (is filled in by the IvD):* |
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1. **VO:** Verantwoordelijk onderzoeker voor wijziging in vergunning. **VU:** Verantwoordelijk uitvoerende voor wijziging in WP.

   ***PI:*** *Principal investigator for modification* ***licence. SD:*** *Study director for modification in work protocol.* [↑](#footnote-ref-2)