**IACUC Protocol** 

**Annual Progress Report**

DATE: Protocol # 

TO: Institutional Animal Care and Use Committee

FROM: Principal Investigator:



SUBJECT: Protocol Annual Review

**This form is for annual review of an approved protocol on file. Amendments or changes to protocols during the approval period are reported on the Protocol Amendment Form.**

Instruction: ❑ (If instruction, course No. \_\_\_\_\_\_\_\_\_\_\_\_\_ ) Research: ❑

Title of Project: 

Animals: 

1. Is this still an active protocol? Yes \_\_\_No \_\_\_
2. How many animals of each species, strain, gender, and where applicable, collection site, were approved on the protocol?
3. How many animals of each species, strain, gender, and where applicable, collection site, have been used to date?
4. Has the number of animals being used in this protocol changed? Yes \_\_\_ No \_\_\_

If yes, then please attach a protocol amendment form.

1. Has the type of animal being used for this protocol changed? Yes \_\_\_ No \_\_\_

If yes, then please attach a protocol amendment form.

1. Have the procedures being used for this protocol changed? Yes \_\_\_ No \_\_\_

If yes, then please attach a protocol amendment form.

1. Have the personnel working on this protocol changed? Yes \_\_\_ No \_\_\_

If yes, please indicate the name(s) of personnel no longer working on this protocol, the name(s) of new personnel, their duties as related to this protocol and their specific qualifications to perform in this capacity, and the date he/she completed the CITI training.

1. Have there been any adverse effects or problems observed in this project or with the animals, and how have they been managed or will be managed?
2. In what room(s) are the animals housed (if applicable)?
3. Please explain briefly what you have accomplished using the animals on this protocol. What experiments have been performed? What results and/or benefits to students’ learning experience have been obtained?

I certify that I have read the PRINCIPLES FOR THE USE OF ANIMALS, and agree to abide by these PRINCIPLES. I agree to also abide by the provisions of the GUIDE FOR THE CARE AND USE OF LABORATORY ANIMALS. Further, I have copies of these PRINCIPLES and the GUIDE and will provide copies to all persons under my supervision.

Principal Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

IACUC Chair or designee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_