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| **To be filled in by IACUC Office ---Form F-2011****IACUC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

All protocols must be typed. Submit an original signed copy of the protocol to the attn: Secretary, IACUC/COPRS, 38 Heinz Hall. An electronic copy should be submitted to IRB\_IACUC@arcadia.edu

Ongoing protocols using animals must be reviewed by the IACUC every year. The protocol must receive a full *de novo* review at least once every three years.

Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IACUC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date of last approval \_\_\_\_\_\_\_
Inclusive dates covered by this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information for studies conducted since your last approval date.

1. Is the research identified above still ongoing? \_\_\_ Yes \_\_\_\_ No
If no, please explain status: \_\_ Project completed; \_\_\_ Project not funded; \_\_\_ Project withdrawn
 \_\_ Still in proposal stage; \_\_ Other, please explain.
2. Have all personnel (scientists, students, and technicians) working with animals in the laboratory completed the mandatory Animal Care and Use Training provided in the “Lab Animal Welfare” modules on the CITI training site? \_\_\_ Yes \_\_\_ No
If yes, please attach certification. If no, please indicate the members of the staff who have not participated, and when they plan to complete the training.
3. Have you performed any activities involving vertebrate animals during this period? \_\_ Yes \_\_\_ No
 If yes, what species were studied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Number of animals in each category:

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| Category C: No pain or distress beyond that involved in the restraint, injections, or collection of samples. | Category D: potential for pain or distress but relief is provided by analgesics and/or sedatives as appropriate. | Category E: pain or distress not relieved by sedatives or analgesics. |
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1. Have unexpected deaths occurred in relation to this protocol? \_\_\_ Yes \_\_ No
Number of deaths: \_\_\_\_\_\_\_\_; Total number used: \_\_\_\_\_\_\_\_
Please explain circumstances surrounding unexpected deaths and steps taken to alleviate the problem (Use separate sheet)
2. Have any human investigators experienced adverse events due to this protocol? If yes, describe the people injured and the type of injury.

6. Have any procedures listed in the original protocol and/or last approved revision changed in any way? \_\_ Yes \_\_ No. If yes, furnish the complete information of changes on a separate sheet. Any deviation from previously approved procedures must be submitted to the IACUC for approval prior to implementation.

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Principal Investigator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 IACUC chairperson’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_