|  |
| --- |
| **To be filled in by IACUC Office ---Form G-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](mailto: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. Reason for termination of the project?   
   If no, please explain status: \_\_ Project completed; \_\_\_ Funding ran out; \_\_\_ Project withdrawn  
    \_\_\_ course completed; \_\_ senior thesis project: \_\_\_ master’s thesis project;   
    \_\_ Other, please explain.
2. 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:

|  |  |  |
| --- | --- | --- |
| 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. |
|  |  |  |

1. Have you performed any activities involving vertebrate animals during the ***ENTIRE APPROVAL PERIOD***? \_\_ Yes \_\_\_ No  
    If yes, what species were studied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Inclusive dates***: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_  
   Number of animals in each category:

|  |  |  |
| --- | --- | --- |
| 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. |
|  |  |  |

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)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

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