Animal Care and Use Continuing Review Form (Annual Review Form)

Federal regulations require that all approved protocols involving animals be reviewed by the IACUC at least annually. Complete each question on this form and return within 30 days to:

Please return this form even if the project is completed.

IMPORTANT: Each question must be answered. Incomplete forms will not be accepted and will be returned to the principal investigator. Failure to return the form by the above deadline **WILL** result in an interruption of your research on this study and/or termination of this study.

Investigator:

Protocol Title:

Protocol Number:

1. What is the status of the activities proposed in this animal study?
   Ongoing ☐ Completed ☐ (If completed box is checked, this application form will be terminated).

2. Have there been changes/additions in any of the following which are not described in the approved protocol or an amendment:

   ☐ Personnel
   ☐ Anesthesia/Analgesia
   ☐ Surgical Procedures
   ☐ Non-surgical Procedures (including compounds administered, tissue/blood sampled, routes of administration or sampling).
   ☐ Perioperative Care (Pre-, Intra-, or Post-Operative).
   ☐ Source or Method of Animal Acquisition
   ☐ Euthanasia
   ☐ Species, Strain, or Genotype
   ☐ Number of Animals Needed

   If any boxes are checked, attach a sheet with a complete description of any changes/additions to the approved protocol or amendments; this description will serve as an amendment and need to be approved by the IACUC.

   Please list names of those currently conducting work under this IACUC protocol:

3. Have you encountered any problems while conducting this study (e.g., problems with with animal health, anesthesia, procedures, etc.).

☐ No
☐ Yes (If yes, please describe nature of problem and how it was addressed)

4. Indicate below the number of each species and pain/distress category used in the last 12 months.

Species	**Pain/Distress Category**	**Number Used**

Investigator's signature _____ **Date**

For IACUC Use Only

☐ The continuing review of this ongoing protocol for use of animals has been reviewed and approved.

☐ The continued review of this protocol for the use of animals has been reviewed and disapproved.

☐ The closing report of this terminated protocol for use of animals has been reviewed and accepted.

_____ _____

IACUC Reviewer signature Date