**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

***CONTINUING REVIEW FORM***

Date: Click or tap here to enter text.

Investigator Name: Click or tap here to enter text.

Department: Click or tap here to enter text.

Protocol Title: Click or tap here to enter text.

Protocol Number: Click or tap here to enter text.

1. **STATUS OF RESEARCH PROJECT**

[ ]  **Project has been terminated** and the protocol is no longer active.

[ ]  **This project is Continuing with no changes in the approved protocol.** The number of animals used during the past year was:

(List the number of animals used in each category\*)

Category B: Click or tap here to enter text.

Category C: Click or tap here to enter text.

Category D: Click or tap here to enter text.

Category E: Click or tap here to enter text.

Unexpected deaths: Click or tap here to enter text.

[ ]  **The project is Continuing with changes ONLY in the number of animals used,** as indicated below:

Number of animals currently proposed in the protocol: Click or tap here to enter text.

Number of animals proposed for next year:Click or tap here to enter text.

[ ]  **The project is Continuing with the following proposed amendment(s) to the protocol.** Indicate how proposed changes compare with procedures listed on the protocol. Attach a completed copy of the *Application for Modifications to an Approved Protocol Form* for formal submission of amendment(s). Personnel changes and assurances of training must be included in amendments.

Click or tap here to enter text.

[ ]  **This protocol has reached its three year maximum. A new protocol has been filed for IACUC review.** For the existing protocol, the number of animals used during the past year was:

(List the number of animals used in each category\*)

Category B: Click or tap here to enter text.

Category C: Click or tap here to enter text.

Category D: Click or tap here to enter text.

Category E: Click or tap here to enter text.

Unexpected deaths: Click or tap here to enter text.

1. **FUNDING SOURCE:**

Specify the funding source, if any:
Click or tap here to enter text.

1. **PROGRESS REPORT.** If the status of this project is active and ongoing (Continuing) or the project was initiated, but is presently inactive, provide a brief update on the progress made in achieving the specific aims of the protocol.

Click or tap here to enter text.

1. **PROBLEMS/ADVERSE EVENTS.** If the status of this project is active and ongoing (Continuing) or the project was initiated, but is presently inactive, describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.

Click or tap here to enter text.

1. **ALTERNATIVES TO ANIMAL USE.** Alternatives to the use of animals should be considered and used when possible. Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims?

Click or tap here to enter text.

1. **ALTERNATIVES TO POTENTIALLY PAINFUL PROCEDURES.** (Address the following if your project involves USDA Category D or Category E.) Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible. Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims?

Click or tap here to enter text.

1. **DUPLICATION.** Activities involving animals must not unnecessarily duplicate previous experiments. Provide written assurance that the activities of this project remain in compliance with the requirement that there must be no unnecessary duplication.

Click or tap here to enter text.

**CERTIFICATION OF THE PRINCIPAL INVESTIGATOR.** Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.

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| Signature of the Principal Investigator | Date |