**Institutional Animal Care and Use Committee**

**Annual Protocol Review**

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| --- |
| **Federal regulations, TCU’s Assurance and policies require annual reporting on the status of your studies. To comply with these requirements, please answers all sections below and submit the completed form electronically (with your signature) to** **iacuc@tcu.edu****. A signed copy may be faxed to (817) 257-7484. Contact the IACUC with any questions, (817) 257-4266 or** **iacuc@tcu.edu****.**  |

1. **Project Identification.**

|  |  |
| --- | --- |
| Principal Investigator  | Name:       Telephone Number: (     )      -      Email:       @tcu.edu |
| Protocol Title |       |
| Protocol Number |       | Initial Approval Date |       |
| Funding Source |       |

1. **Nature of the Project**. (Mark all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Survival (Chronic) Study | [ ]  | Prolonged Restraint | [ ]  | Inducement of a Disease State  |
| [ ]  | Terminal (Acute) Study | [ ]  | Neuromuscular Blockers | [ ]  | Inducement of Behavioral Stress |
| [ ]  | Multiple Surgeries | [ ]  | Antibody Production | [ ]  | Blood/Tissue Collection |
| [ ]  | Transgenic Breeding |  |  |  |  |

1. **Project Status.** Please mark the appropriate category pertaining to the status of this protocol:

|  |  |
| --- | --- |
| Continuation without Changes | [ ]   |
| Continuation with Changes (See list below) | [ ]   |
| Termination of protocol | [ ]   |

 If you indicated “Continuation with Changes”, you must identify the change below and submit an amendment to

 the IACUC for review and approval ***prior*** to any changes being implemented.

1. Animal species utilized                            [ ]

2. Surgical procedures [ ]

3. Non-surgical procedures [ ]

4. Biohazardous materials [ ]

5. Number of animals [ ]

6. Any other significant changes [ ]

7. The location of animal use [ ]

8. Animal housing needs [ ]

9. Other [ ]  (describe):

1. **Record of Animal Usage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Species** | **USDA Category** | **Total Number Approved** | **Total Number Used Since Last IACUC Review/Approval**  |
|       | [ ] B [ ] C [ ] D |       |       |
|       | [ ] B [ ] C [ ] D |       |       |
|       | [ ] B [ ] C [ ] D |       |       |

1. **Alternatives to Animal Use.** Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims? No [ ]  Yes [ ]
2. **Alternatives to Potentially Painful Procedures.** (Address only if your project involves USDA Category D or E.) 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? No [ ]  Yes [ ]
3. **Problems/Adverse Events.** 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.
4. **Project Personnel.** Have there been any personnel changes since the last IACUC approval?

No [ ]  Yes [ ]  If yes, please list all changes below. For additions, list each individual’s qualifications/ training. For terminations, list effective date.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title/Role  | Training/Qualifications | Effective Date |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. **Progress Report**. Please provide a brief summary of the major findings from this project over the last year and any publications arising from this work:

**CERTIFICATION OF THE PRINCIPAL INVESTIGATOR.** By signing below, I certify that I understand the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and TCU's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. I further certify that the activities associated with this project do not unnecessarily duplicate previous experiments and that I will continue to conduct the project in full compliance with the aforementioned requirements.

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Signature of Principal Investigator Date