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

|  |  |
| --- | --- |
| Continuation without changes | [ ]   |
| Continuation with changes, excluding personnel changes (Complete section B(1) below) | [ ]   |
| Continuation with personnel changes (Complete section B(2) below) | [ ]   |
| Termination of protocol | [ ]   |

1. If you indicated “Continuation with Changes, excluding personnel changes”, you must identify the change below and submit an amendment to the IACUC for review and approval ***prior*** to any changes being implemented.

a. Animal species utilized                            [ ]

b. Surgical procedures [ ]

c. Non-surgical procedures [ ]

d. Biohazardous materials [ ]

e. Number of animals [ ]

f. Any other significant changes [ ]

g. The location of animal use [ ]

h. Animal housing needs [ ]

i. Other [ ]  (describe):

1. If you indicated “Continuation with personnel changes”, indicate in this section below the personnel changes.

a. If you are removing personnel from the protocol, please list the name of the individual(s) you are removing and indicate who will be conducting the animal work originally assigned to this individual.

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|       |

b. If you are adding personnel from the protocol, please fill out the appropriate Personnel Information table below.

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| --- |
| **Student Information** |
| * Name
 | Title/Role  | Training/Qualifications | Effective Date |
|       |       |       |       |
|       |       |       |       |
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| **Collaborators/Co-Principal Investigators Information** |
| Name |       |  [ ]  PI | Degree |       [ ]  PhD [ ]  MD  |
|  [ ]  TCU Faculty |  [ ]  TCU Staff/Employee | Title |        |
| [ ]  Post Doc |
|  [ ]  Non-TCU personnel. Provide name of institution       |
| **Qualifications/Relevant Experience** |
| Describe relevant qualifications and experience including number of years’ experience working with each species.       |
| [ ] Individual has limited or no experience working with animals and will complete all required training prior to working with animals including: Vivarium Training, all relevant CITI modules, Occupational Health and Safety requirements, and any other necessary in-person training. |
| **Procedures to be performed** |
| [ ]  Breeding | [ ]  Euthanasia | [ ]  Surgery | [ ]  Restraint | [ ]  Injections |        |
| [ ]  Drug/agents administration | [ ]  Hazardous Agents | [ ]  Specimen Collection |
| [ ]  Other | If Other, list:  |
| **Check each species this person will be working with on this protocol** |
| [ ]  Mice | [ ]  Rats | [ ]  Reptiles | [ ]  Fish | [ ]  Birds | [ ]  Other, list all in the box below: |
| [ ]  Bats |       |

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|       🡸**Copy the entire table above and paste here.**   |

1. **Record of Animal Usage**

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

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 submit an amendment request.

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