

**Annual Renewal/Closure Report Form**

Please submit this form to the current IAUC Chair via email, which can be located on the [IACUC webpage](https://intranet.bloomu.edu/iacuc-biosafety):

If requesting a renewal, please include a copy of the current protocol. Be sure the protocol includes current signatures from any Co-Investigator’s so they are aware of the continuing research.

Principal Investigator:

Protocol #:

Title:

Species:

Funding Source,

 if applicable.

Approval Year: [ ]  First Renewal [ ]  Second/Final Renewal [ ]  Closure Report

CITI “Working with IACUC”

 Training is current: [ ]  Yes

Purpose: [ ]  Research [ ]  Teaching [ ]  Other (Explain)

1. **Summary:** Please provide a brief summary of your protocol activities this past year, including any progress milestones or difficulties.

1. **Modifications**: Are you requesting any modifications to your study at this time?

[ ]  Yes [ ]  No

If yes, please also attach a copy of your protocol, with any requested changes in red.

1. **Unexpected/adverse events:** Were there any **unexpected** adverse events to animals or others, including unexpected animal deaths during this approval period?

[ ]  Yes [ ]  No

If yes, please describe:

1. **Animal Usage (past year):** Please provide an accounting of animal usage during the past year. Attach additional sheets if necessary.

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| --- | --- | --- | --- |
| **Species**  | **USDA Pain Category (B,C,D,E)** | **Total Number Approved on original submission** | **Total number used since the last date of IACUC approval** |
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| **USDA Pain & Distress Categories** |
| B | Animals are held for breeding purposes or observation (ex. Camera trapping studies) |
| C | Minimal, transient, or no pain/distress (ex. Live trapping, AVMA approved euthanasia) |
| D | Pain or distress relieved by appropriate measures (ex. surgery, biopsies, limb-snips) |
| E | Unrelieved pain or distress (ex. Food deprivation, immobilization of conscious animal) |

1. **Animal Usage (future):** How many (additional) animals do you plan to utilize in the upcoming year? Where do you expect to obtain the subjects from?
2. **Permits:** Are there any state, federal, or other permits required for the proposed research?

 [ ]  Yes [ ]  No

If Yes, please identify the permitting authority and permit type:

Have you attached a copy of the permit? [ ]  Yes [ ]  No

1. **Principal Investigator Statement:** By submitting this application, the Principal Investigator certifies the statements made in this request are accurate and complete. The Principal Investigator accepts responsibility for ensuring that all aspects of the study procedures are completed as described in the IACUC approved application and agrees to comply with all IACUC communication. The Principal Investigator will not commence work on the procedures described in this proposal until notice of approval is received from the IACUC.

**The Principal Investigator will:**

* Immediately inform the IACUC of any unexpected or emergent problems or study deviations that impact the welfare of the study animals

• Submit written modifications and receive IACUC approval prior to initiating significant procedural changes

• Train all research personnel in appropriate animal care and use

• Retain all documents and correspondence with the IACUC related to these study procedures for at least three years

 PI Signature Date

 Co-Investigator Signature Date

Co-Investigator Signature Date

 Co-Investigator Signature Date