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| IACUC APPLICATION FOR ANNUAL PROTOCOL CONTINUATION | | | | |
| Centre College | | | | |
| Institutional Animal Care and Use Committee | | | | |
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| **PI NAME:** | | | **E-MAIL ADDRESS:** | |
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| **PHONE NUMBER:** | | **PROTOCOL #** | | |
| **PROTOCOL TITLE:** | | | | |
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| Instructions: This application is used for the first and second renewal of an approved animal protocol. **Note: The third-year renewal of an approved animal protocol requires submission of a new application for full-committee review**.  Please complete this form on your computer, save a copy and return the signed original application to the IACUC Chair (Melissa Burns-Cusato) not later than the deadline date provided on the reminder of expiration letter. Signed Annual Continuation forms may be submitted by any of these methods:   * By email attachment of a signed, scanned copy: [m.cusato@](mailto:m.cusato@)centre.edu - OR – * In person: Young Hall 215   If you **do not** wish to renew this project, please check below, complete ONLY items 1-4 below and sign and return the form as instructed above.  Please close this protocol effective       (insert end date if different from protocol expiration date).  If minor modifications to the protocol are required at this time, please complete a Minor Modification Request Application from the IACUC Website (<http://www.centre.edu/academics/academic-affairs-office/iacuc/>) and follow the instructions provided. **Minor modification requests must be submitted separately – no changes to the approved protocol can be made on this form. Major modifications require a full review of a new protocol using the Protocol Application form.** | | | | |
| Please provide the following information for protocol renewal: | | | | |
| 1. Briefly, state the goal of this research project. | | | | |
| **2.** Please describe the progress made on the study to date*.* Include publications, presentations, papers in progress, etc., if applicable: | | | | |
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| **3.** Indicate the number of animals involved in approved procedures during the last project year (since the last review): | | | | |
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| SPECIES | Number of Animals Used for Research or Breeding Purposes | | | USDA Pain Category |
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| **4.** Have any adverse events or unanticipated fatalities occurred during the last year of protocol approval? If so, how were they managed and what steps were taken to prevent recurrence?  (Note: Adverse events include pain, distress, and morbidity observed in the study animals.) | |
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| **5.** Have any *refinements* been made to the study to minimize potential pain, distress and discomfort in the animals? If so, please describe: | |
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| **6.** Were any risks to humans encountered when executing the research protocol?    **7.** Please confirm that all laboratory personnel have completed all required training regarding animal handling and procedures; indicate by whom they were trained: | |
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| ***For IACUC Use Only:*** | |
| **Annual renewal for use of laboratory animals in this protocol has been granted as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of IACUC Chair or designee | Date |