

**THE UNIVERSITY OF TEXAS AT ARLINGTON
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

ANNUAL REVIEW OF IACUC ANIMAL PROTOCOL

IMPORTANT NOTE: The United States Department of Agriculture (USDA) and the PHS require you to submit annual reports for review by the IACUC. **Your annual report is due on the anniversary date of IACUC approval of your study. Failure to submit an annual report *on or before* the anniversary date of the IACUC approval of your study will result in *automatic termination of the protocol*.** If automatic termination occurs, you will be required to cease all activities with animals used in your study and to submit a new protocol for review and approval. If your protocol has expired and you continue to use animals, this is considered a violation of federal regulations that govern the use of animals in research. Such violations must be reported to the federal government and to university officials. Termination of your research and your funding by the government and/or the university may occur.

INSTRUCTIONS: Please complete and submit this form (typed) to the Office of Research Compliance at Box 19188 or fax to 817-272-1111. If you have any questions, please contact the Office of Research Compliance at 817-272-3723 or Dr. Michael Roner (IACUC Chair) at 817-272-1302.

General Information

IACUC Protocol # _____ Original Approval Date _____
Principal Investigator _____ Dept _____
E-Mail _____ Phone (Office) _____ Box # _____
Project Title _____

Section A: Status Report

During the past year (check one):

- The study was not active and no animals were used. *Skip to Section D.*
- The study was active. *All sections must be completed.*
- The research completed on _____. Please close out protocol. *All sections must be completed.*

For the next year (check one, if applicable):

- This research will continue without change.
- This research will continue with change. *Please complete the Amendment to IACUC Animal Protocol form to submit with this annual report.*

Section B: Protocol Summary

Please provide a summary of the project to date in language that a layperson could understand, avoiding jargon and specialized terminology. Have objectives and specific aims been achieved? Is the continued experimental use of laboratory animals needed? Include details from a recent literature search to determine that your experimentation is not duplicative.

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Section C: Animal Use Information (Answer for each species used in the project. Attach additional copies of this table as necessary.)

	Species #1	Species #2
Species Name		
Number of animals used, previous 12 months	Original # Proposed: Actual # Used:	Original # Proposed: Actual # Used:
Number of animals used, next 12 months	Original # Proposed: Actual # Projected:	Original # Proposed: Actual # Projected:
USDA Classification of animal discomfort, distress, and pain level	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4
Maximum # of animals at any time		
Changes in Maintenance Requirements	<input type="checkbox"/> None <input type="checkbox"/> Changes Noted in Section B.	<input type="checkbox"/> None <input type="checkbox"/> Changes Noted in Section B.
Restraint Procedures:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes – Information below: Method: Duration: Frequency: Frequency of Observation: Person(s) Responsible for Observation:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes – Information below: Method: Duration: Frequency: Frequency of Observation: Person(s) Responsible for Observation:
Surgical or Invasive Procedure	<input type="checkbox"/> None <input type="checkbox"/> Survival <input type="checkbox"/> Terminal <input type="checkbox"/> Multiple Survival	<input type="checkbox"/> None <input type="checkbox"/> Survival <input type="checkbox"/> Terminal <input type="checkbox"/> Multiple Survival
Disposition of Animals	<input type="checkbox"/> Euthanization <input type="checkbox"/> Other:	<input type="checkbox"/> Euthanization <input type="checkbox"/> Other:
Method of Euthanization, if Applicable	Person(s) Performing Euthanasia: Drug Name: Route: Dose:	Person(s) Performing Euthanasia: Drug Name: Route: Dose:

Section D: Assurance and Signature

For active and/or continuing protocols, **I certify** that the use of animals has been and/or will be in accord with U.S. Department of Agriculture Animal Welfare regulations, the Public Health Service Policy on Humane Care and Use of Laboratory Animals, the National Research Council *Guide for the Care and Use of Laboratory Animals*, and the policies established by the University of Texas at Arlington. **I further certify** that no significant change in this protocol will be implemented without prior IACUC approval.

Signature of Principal Investigator

Date