*ANNUAL RENEWAL APPLICATION - ANIMAL PROTOCOL*

**A. IACUC Protocol Information:**

|  |  |
| --- | --- |
| Title of Protocol: |  |
| Protocol Number: |  |
| Expiration Date: |  |
| Funding source: |  |

**B. Principal Investigator (PI):**

|  |  |
| --- | --- |
| Name, Degree: |  |
| Department:  |  |
| Phone: |  |
| Email: |  |

**During the past year** (*check the applicable item/s*):

 The study was not active and no animals were used.

The study was active.

Unanticipated adverse events were reported.

No unanticipated adverse events were reported.

**For the next year** (*check one the applicable item/s*):

The project will not be continued - **Please terminate this protocol.**

The protocol will continue without change.

The protocol will continue with changes. The planned changes are (check one):

 Minor Changes only - Please discuss these in the Progress Report section.

  **Significant Changes\*** (not previously approved)

*\*If Checked, you must submit a Significant Change to Animal Protocol Application. For information on what is considered “Significant” please refer to Section G below as well*

*as to IACUC Guidelines.*

**C. Animal Usage**

|  |  |  |
| --- | --- | --- |
| **Species** | **Total # Approved** | **# USED to Date** |
|  |  |  |
|  |  |  |

*\*List all species approved for the 3 year period. For each species, enter the total number of animals approved for 3 years and the number of animals used to date (since the protocol was approved). Be sure to include any additions that may have been added by significant amendments to the protocol.*

**D. Projected Use for Coming Year:**

|  |  |
| --- | --- |
| Species 1:  | **Projected #** |
|  |  |

|  |  |
| --- | --- |
| Species 2:  | **Projected #** |
|  |  |

*NOTE: If the anticipated animal number is significantly above (>20%) what was originally approved by the IACUC, you will need to submit an application for a Significant Change to Animal Protocol Form.*

**E. Personnel: Have there been any personnel changes since the last IACUC approval?**

 Yes\*

No

***\*If YES, complete items 1- 4.***

**1. Additions:** New personnel who will work with animals on this protocol

|  |  |
| --- | --- |
| **Name** | Indicate whether the person is appropriately trained for all of their duties in the project |
| **Yes** | **\*Still in training** |
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|  |  |  |

\* *This category is relevant for specialized procedures (e.g. surgery, euthanasia, etc) for which additional time may be required to reach proficiency. All new personnel who will participate in work on the protocol must have completed both the web-based training modules and a general training/orientation session with the PI or designate.*

**2. Arrangements for training:** For individuals listed above as “still in training”, discuss what arrangements have been made for the training including a projected time-line.

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*NOTE: Complete an individual training record (available on the IACUC web site) for each individual listed on the protocol. The training record summary must be available in the laboratory and available upon request. For any individuals still in training, update the records and* ***notify the IACUC in writing (email is acceptable) when specialized training is completed to proficiency****.*

**3. Occupational Health and Safety.** Have you submitted all of the required Occupational Health and Safety forms for new personnel?

 Yes

No

**4. Deletions:** Identify personnel who will no longer work with animals on this protocol.

*Be sure to notify the IACUC Coordinator and BRF manager whenever someone leaves your lab so that BRF key card access can be inactivated!*

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**F. Non-BRF Locations of Animal Work:** Will activities with live animals that are currently conducted in IACUC approved PI lab areas outside of the BRF continue to be done in the same areas/room(s)?

 Yes

No\*

 N/A

\*If NO, complete an Administrative Change Form about the room change(s) and discuss briefly the reason for the change(s) below:

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| --- |
|  |

*Inspection of all new procedure areas outside of the BRF by IACUC is required. If any type of hazardous materials are involved, additional information and approved SOPs/SASP from EHS will be required.*

**G. Other Changes:** Are any other *minor* changes in the protocol planned for the next year? [ ]

 Yes\*

No

\*If YES, please describe these here:

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*NOTE: The following are examples of what IACUC considers Significant Changes. If any of these apply, you must submit an application for “Significant Change to Approved Animal Protocol” with this Annual Renewal and obtain approval prior to initiating the changes:*

* *switch from nonsurvival to survival surgery*
* *change in the degree of invasiveness of a procedure or discomfort to an animal*
* *change in the species or major changes in the number of animals (>20%)*
* *change in PI*
* *change in anesthetic or use or withholding of analgesics*
* *change in methods of euthanasia*
* *change in duration, frequency or number of procedures performed on an animal.*
* *change in the objectives of the study*

*If you have any questions about whether your proposed change is minor or significant, contact the IACUC Chair.*

**H. Adverse Events/Problems:** Where there any unanticipated adverse events that affected animal welfare during the past year?

 Yes\*

No

\*If YES, please describe here:

|  |
| --- |
|  |

Please describe the actions that were taken alleviate or mitigate future problems or adverse events?

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| --- |
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*NOTE: Examples of unanticipated adverse events would be unexpected mortality, seizures, paralysis, anorexia, weight loss, ulcerations, dehydration, post-operative infections or other complications that were not expected or described in the original protocol.*

**I. Progress Report Summary:** Provide a *brief* summary of the major accomplishments of the project in which animals were used during this past year.

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**ASSURANCE & SIGNATURES:**

*The information contained in this annual renewal application for animal use approval is accurate to the best of my knowledge. This project does not unnecessarily duplicate previously performed experimental work. Every effort has been made to minimize the number of animals used and to reduce the amount of pain and/or distress to the animals. No significant changes to the approved protocol will be initiated without prior written approval of a formal significant change application by the IACUC. All personnel listed are properly trained for their duties and recognize their responsibility in strictly adhering to approved protocols. This project will be conducted in compliance with all Rosalind Franklin University policies and applicable Federal, State, and Local regulations.*

**Before submitting an electronic copy of this application, click on the attestation box below and type your name and today’s date. After checking the attestation box, please save a copy of this application form and send the attested form as a Word file to** **IACUC@rosalindfranklin.edu****. You do not need to send a hard copy.**

**Principal Investigator**

I certify by checking the attestation line below that the information provided in this application is complete and accurate. I also pledge that I will agree and abide by the Assurances stated above.

 **\_\_\_\_\_**Attestation of Principal Investigator

**Name of PI (typed):**

**Date:**

**Final Review and Approval by the Institutional Animal Care and Use Committee:**

 Name: Monica M. Oblinger, Ph.D. (Chair)

 Signature: Date: