

IACUC No. _____

FORM B

OFFICE OF RESEARCH SERVICES
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
REQUEST FOR REAPPROVAL OF RESEARCH INVOLVING LABORATORY ANIMALS

PRINCIPAL INVESTIGATOR: _____ DATE: _____

GRANT #: _____ SPONSORING AGENCY: _____

TITLE: _____

Please provide the following information for studies conducted since your last approval date _____.

1. Is the research identified above still ongoing? YES NO

Please explain status, i.e.: project terminated termination date _____; not funded ; withdrawn ; still in proposal stage
Please explain: _____

2. Are only animal by products used in this research? YES NO If yes, sign and date the form below.

3. Have you performed any research involving vertebrate animals during this period? YES NO

4. How many animals were studied? Number: _____ Sex: _____
Species/Strain: _____

5. How many animals were studied in which the research did not cause pain or distress? _____

6. How many animals were studied in which the research did cause pain or distress, but in which analgesics, anesthetics or tranquilizers were administered? _____

7. How many animals were studied in which the research did cause pain or distress but which analgesics, anesthetics and tranquilizers were not administered because they would adversely affect the procedures, results or interpretation of the research? _____

8. Has the project changed in any way from that which was submitted to the IACUC originally and/or since last approval?
YES NO If yes, furnish the complete information of changes on a separate sheet. Any deviation from previously approved numbers, species, procedures, investigators, etc. must be submitted to the IACUC for approval.

9. Are paralytic agents being utilized in this study? YES NO

10. Is Complete Freund's Adjuvant used in this study? YES NO

Have you reviewed the IACUC Guide for the use of Freund's? YES NO
If no, explain:

11. Have unexpected animal deaths occurred in relation to this protocol? YES NO

If yes, Number of Deaths: _____, % of Total Number Used: _____%

12. Have you and all personnel, (scientists, students and technicians), working with animals in your laboratory completed the Animal Care Training Program? YES NO

If no, please explain on separate sheet giving specific names of those who have not participates and when they plan to attend.

PLEASE RETURN TO:
Office of Research Services
Room 106, Barbelin Hall

Principal Investigator

APPROVED: _____

DATE: _____

Date