

**University of Delaware  
Institutional Animal Care and Use Committee  
Annual Review**

*(Please complete below using Arial, size 12 Font.)*

<b>Title of Protocol:</b>	
<b>AUP Number:</b>	<b>← (4 digits only)</b>
<b>Principal Investigator:</b>	
<b>Common Name:</b>	
<b>Genus Species:</b>	
<b>Category Assigned:</b> <i>(please mark one)</i> <input type="checkbox"/> A. None to slight or momentary pain or distress <input type="checkbox"/> B. Pain or distress will be alleviated by drugs or other means <input type="checkbox"/> C. Pain or distress will not be alleviated	

<b>Official Use Only</b>  IACUC Approval Signature: _____  Date of Approval: _____
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## **Certification Statement**

1. I understand that all use of animals or animal tissues must have prior IACUC approval. I understand that unauthorized animal use is reportable to the Office of Laboratory Animal Welfare (OLAW). I understand that any unanticipated adverse events, morbidity, or mortality must be reported to the IACUC immediately.
2. I certify that this form accurately describes all aspects of the proposed animal usage and that the proposed work is not unnecessarily duplicative.
3. I accept responsibility for ensuring that all personnel working on this project are aware of, and will not deviate from, the IACUC approved procedures outlined on this form, that they will adhere to the regulations regarding the humane treatment of laboratory animals and that they will receive proper training.
4. I understand that if I (or contact personnel listed on this form) cannot be contacted and animals on this project show evidence of illness or pain, emergency care, including euthanasia may be administered at the discretion of the attending veterinarian.
5. I understand that the approval is not final until I receive notification of such, and that the IACUC can recommend or require changes to the protocol.
6. I have completed the Animal Facility Safety Training for working with animals, and the required certification for this training is up to date and on file in the animal facility. My personnel listed on this form also have current certification on file, or will be certified before starting work.
7. If survival surgical procedures or post-operative recovery are to be performed outside the animal facility, this site has been inspected and approved by the attending veterinarian.
8. I understand that approval of projects is for a maximum of one year from the date of IACUC approval and I must re-apply to continue the project beyond that period. I understand that any significant changes in procedures must be approved by the IACUC prior to implementation.
9. I certify that everyone listed on this protocol has read it and has signed it.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

**SIGNATURE(S) OF ALL PERSONS LISTED ON THIS PROTOCOL**

I certify that I have read this protocol, accept my responsibility and will perform only the procedures that have been approved by the IACUC.

<b>Name</b>	<b>Signature</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

**IACUC approval of animal protocols must be renewed on an annual basis.**

**1. Previous Approval Date:**

**2. Record of Animal Use:**

Common Name	Genus Species	Total Number Previously Approved	Number Used To Date	Additional Number Requested
1.				
2.				
3.				
4.				
5.				

**3. Protocol Status:** *(Please indicate by check mark the status of project.)*

Request for Protocol Continuance:

- A. Active: Project ongoing
- B. Currently inactive: Project was initiated but is presently inactive
- C. Inactive: Project never initiated but anticipated starting date is:

Request for Protocol Termination:

- D. Inactive: Project never initiated
- E. Completed: No further activities with animals will be done.

**4. Project Personnel:** Have there been any personnel changes since the last IACUC approval?  Yes  No

**If Yes, fill out the Personnel Amendment form.**

**Project Personnel Deletions:**

Name	Effective Date
1.	
2.	
3.	
4.	
5.	

**5. Progress Report:** If the status of this project is 3.A or 3.B, please provide a brief update on the progress made in achieving the aims of the protocol.

**6. Problems or Adverse Effects:** If the status of this project is 3.A or 3.B, please describe any unanticipated adverse events, morbidity, or mortality, the cause if known, and how these problems were resolved. If there were none, this should be indicated.