**University of Delaware**

**Institutional Animal Care and Use Committee**

**Annual Review**

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| **Title of Protocol:** Click here to enter text. | |
| **AUP Number:**  Click here to enter text. | **🡨 (4 digits only)** |
| **Principal Investigator:** Click here to enter text. | |
| **Common Name:** Click here to enter text.  **Genus Species:** Click here to enter text. | |
| **Pain Category:*****(please mark one)***   |  |  | | --- | --- | | **USDA PAIN CATEGORY: *(Note change of categories from previous form)*** | | | **Category** | **Description** | | **B** | Breeding or holding where NO research is conducted | | **C** | Procedure involving momentary or no pain or distress | | **D** | Procedure where pain or distress is alleviated by appropriate means (analgesics, tranquilizers, euthanasia etc.) | | **E** | Procedure where pain or distress cannot be alleviated, as this would adversely affect the procedures, results or interpretation | | |

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| **Official Use Only**  IACUC Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Principal Investigator Assurance**

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| 1. I agree to abide by all applicable federal, state, and local laws and regulations, and UD policies and procedures. |
| 1. I understand that deviations from an approved protocol or violations of applicable policies, guidelines, or laws could result in immediate suspension of the protocol and may be reportable to the Office of Laboratory Animal Welfare (OLAW). |
| 1. I understand that the Attending Veterinarian or his/her designee must be consulted in the planning of any research or procedural changes that may cause more than momentary or slight pain or distress to the animals. |
| 1. I declare that all experiments involving live animals will be performed under my supervision or that of another qualified scientist listed on this AUP. All listed personnel will be trained and certified in the proper humane methods of animal care and use prior to conducting experimentation. |
| 1. I understand that emergency veterinary care will be administered to animals showing evidence of discomfort, ailment, or illness. |
| 1. I declare that the information provided in this application is accurate to the best of my knowledge. If this project is funded by an extramural source, I certify that this application accurately reflects all currently planned procedures involving animals described in the proposal to the funding agency. |
| 1. I assure that any modifications to the protocol will be submitted to the UD-IACUC and I understand that they must be approved by the IACUC prior to initiation of such changes. |
| 1. I understand that the approval of this project is for a maximum of one year from the date of UD-IACUC approval and that I must re-apply to continue the project beyond that period. |
| 1. I understand that any unanticipated adverse events, morbidity, or mortality must be reported to the UD-IACUC immediately. |
| 1. I assure that the experimental design has been developed with **consideration of the three Rs: reduction, refinement, and replacement, to reduce animal pain and/or distress and the number of animals used in the laboratory.** |
| 1. I assure that the proposed research does not unnecessarily duplicate previous experiments. *(Teaching Protocols Exempt)* |
| 1. I understand that by signing, I agree to these assurances.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Investigator Date |

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| **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.   |  |  | | --- | --- | | **Name** | **Signature** | | 1. Click here to enter text. |  | | 2. Click here to enter text. |  | | 3. Click here to enter text. |  | | 4. Click here to enter text. |  | | 5. Click here to enter text. |  | | 6. Click here to enter text. |  | | 7. Click here to enter text. |  | | 8. Click here to enter text. |  | | 9. Click here to enter text. |  | | 10. Click here to enter text. |  | | 11. Click here to enter text. |  | | 12. Click here to enter text. |  | | 13. Click here to enter text. |  | | 14. Click here to enter text. |  | | 15. Click here to enter text. |  | |

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

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| 1. **Previous Approval Date:** Click here to enter text.   **Is Funding Source the same as on original, approved AUP?**   * **Yes No**   **If no, please state Funding Source and Award Number:** Click here to enter text. |
| 1. **Record of Animal Use:**  |  |  |  |  | | --- | --- | --- | --- | | **Common Name** | **Genus**  **Species** | **Total Number Previously Approved** | **Number Used**  **To Date** | | 1. Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | 2. Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | 3. Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | 4. Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | 5. Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| 1. **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:  Click here to enter text.  Request for Protocol Termination:  D. Inactive: Project never initiated  E. Completed: No further activities with animals will be done. |
| 1. **Project Personnel:** Have there been any personnel changes since the last IACUC approval?   Yes  No  **If Yes, fill out the Amendment to Add/Delete Personnel form to “Add” Personnel.** |

**Project Personnel Deletions:**

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| **Name** | **Effective Date** |
| 1. Click here to enter text. | Click here to enter text. |
| 2. Click here to enter text. | Click here to enter text. |
| 3. Click here to enter text. | Click here to enter text. |
| 4. Click here to enter text. | Click here to enter text. |
| 5. Click here to enter text. | Click here to enter text. |

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| **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. Have all procedures been conducted in compliance with the approved protocol?  Yes  No  Click here to enter text. |
| 1. **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.   Click here to enter text. |