**IACUC Annual Progress Report**

**Salisbury University**

**Institutional Animal Care and Use Committee**

Principle Investigator: Protocol #

Phone Number: E-mail Address:

Protocol title:

This report describes progress for year 1 [ ]  / year 2 [ ]  of the approved protocol.

Instructions: This application is used for the first and second progress report of an approved animal protocol. Note: The third-year of an approved animal protocol requires submission of a renewal form, which will be reviewed by the full-committee.

Please complete this form on your computer, save a copy and submit to Donna Knopf (drknopf@salisbury.edu) at least 15 days prior to the deadline date provided on the reminder of expiration letter. Progress Reports must be signed and dated.

If personnel are to be added to, or removed from, the protocol please also complete and submit the “Personnel Change for Approved Protocol” form. If amendments to the protocol are required at this time, please complete the “Procedure Change for Approved Protocol” form. Amendment requests must be submitted separately – no changes to the approved protocol can be made on the Annual Progress Report form. All changes must be approved by IACUC before they are implemented.

Please provide the following information:

**1.Project Status**

[ ]  Project will continue with no changes

[ ]  Project will continue with changes or will be resubmitted (attach appropriate form)

[ ]  Project has been completed/terminated

**2.Have any adverse or unanticipated events occurred during the last year of protocol approval?**

YES [ ]  NO [ ]

If yes, how were they managed and what steps were taken to prevent recurrence? (Note: Adverse or unanticipated events include pain, distress, morbidity, and mortality observed in the study animals.)

**3.Please briefly describe the progress made on the study to date.**

**4. Indicate the number of animals used in approved procedures and in original proposal during the last project year (since the last review), if applicable:**

|  |  |  |
| --- | --- | --- |
| **Species (indicate age if relevant to study)** | **number of animals used during the last project year** | **number of animals used in original proposal** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5.Have all personnel and students working on this protocol been added?**

YES [ ]  NO [ ]

If no, please complete and attach the “Personnel Change for Approved Protocol” form.You are also required to complete this form to remove personnel and students from an active protocol. This must be completed before IACUC approval can be given.

**6.Have all personnel and students completed all required training regarding animal handling and procedures? This includes the require CITI training modules.** Please attach certificates if the training has been completed within the last year.

YES [ ]  NO [ ]

If no, training needs to be completed and certificates provide before IACUC approval can be given.

**Certification & Signatures – Annual Progress Report**

Note – Electronic submission of annual progress reports is strongly encouraged

**PI: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_     \_\_\_\_\_\_\_\_**

**Date of submission:**       **/**       **/**      **\_**

Month / Day / Year

I certify that the above information is true and that I will continue to abide by the procedures described in this protocol. If any changes are required in my project, I will make written application to the IACUC in advance for approval of proposed changes. I also certify that my research team and I are qualified to perform the proposed procedures and will comply with all federal, state and local laws and guidelines regarding the use of animals in research.

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date

**IACUC APPROVAL:**

The individuals signing confirm that they have reviewed the Annual Progress Report and find it to be in compliance with applicable animal care and use regulations and institutional policies.

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IACUC member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IACUC Chairperson