**Date:**      

**ARIZONA STATE UNIVERSITY**

**IACUC ANNUAL REVIEW**

**I. Currently approved protocol**

Protocol Number:

Protocol Title:

Principal Investigator:

Funded Unfunded

**II. Status of Project**

1. Were the animal activities conducted?
2. **Yes, they were conducted.** If yes,
3. Were there any significant animal welfare issues (morbidity or mortality, complications, etc.) encountered over the past 12 months?
4. Yes. Describe (include the problem, approximate number of animals affected, and resolution). Proceed to item II B when completed.

1. No. Proceed to item II B.
   * 1. **No, they were not conducted.** If the protocol will be terminated, complete the Final Review form.
        1. If the protocol will remain active, why were animal activities not conducted?

Proceed to Section V.

1. Have there been any recent findings, either from this study or a related study that would change the planned use of animals?

* Species Used
* Animal Numbers
* Procedures
* Criteria to Measure/Monitor Pain or Distress
* Alternatives to Painful Procedures
* Restraint
* Amelioration and Control of Painful Procedures
* Estimation of Potential Postoperative/Intervention Pain
* Preoperative/Postoperative/Chronic Care
* Euthanasia/Disposition of Animals
* Animal Care and/or Use Sites

1. Yes. Complete a separate [Request for Changes](https://researchintegrity.asu.edu/animals/forms) form describing all proposed changes as well as the scientific rational for these changes. Proceed to item III.
2. No. Proceed to item III.

**III. Updated Information**

1. Did the pain status stated on the protocol remain appropriate for the procedures performed?
2. Yes. Proceed to item IV.
3. No. If no, please describe: Proceed to item IV when completed.

1. Has there been new funding added to the project?
2. Yes. Provide new grant(s) information:

Granting Agency:

Title:

ASU Propsoal or Award number:

No.

# **IV. Progress Report (for research or teaching protocols only)**

# Provide a statement on progress under this protocol over the past 12 months. Include any presentations or publications that have resulted from this protocol during the past 12 months.

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# **Personnel**

All personnel who work with animals are required to have animal care training within the last four years. ASU IACUC training modules can be completed at <https://asu.co1.qualtrics.com/jfe/form/SV_b2b2XRXRRs1309f>. Personnel are required to have Level III training certification on file with the IACUC office in order to perform procedures independently (without supervision). See the IACUC web site (<http://researchintegrity.asu.edu/training/useofanimals>) for more information on training and Level III forms.

A. List the names, titles, affiliations, and roles of **ALL** persons currently involved in the research or teaching activity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Title | ASURITE  name | Role in Protocol | | Species with which individual will have direct contact (“none, “all”, or list species) | FOR IACUC USE ONLY  Training  Confirmation |
| What procedures will each person be doing on live animals under supervision?) | What procedures will each person be doing on live animals independently (without supervision)? |
|  | PI |  |  |  |  |  |
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1. If any of the above listed personnel are new to the protocol, describe their years of experience with all listed species and procedures they will be conducting under this protocol. For procedures for which they are not yet trained, but will likely be trained to do during the activity period of this protocol, provide a description of who will provide such training:

1. List the names of any individuals no longer involved with the research (these individuals will be removed from the protocol and DACT will be notified):

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**VI. Certification**

**By signing this report, I certify that, to the best of my knowledge, the information included herein is accurate and complete. I understand that continued animal use past the scheduled termination date of the protocol requires IACUC approval. I also understand that should the animal use under this protocol require ANY change from that stated in the protocol, prior approval by the IACUC is required.**

Principal Investigator’s Signature Date

**FOR IACUC USE ONLY**

**Annual Review Determination**

ANNUAL REVIEW APPROVAL SIGNATURES:

Chair, IACUC (or Designee) Date

Attending Veterinarian (or Designee) Date

IACUC Member Date