



Institutional Animal Care & Use Committee

Annual Report Form

This report is to be completed at the end of the first and second year of the protocol. Protocols expire at the end of the third year; to continue the study, a new application must be submitted.

PROJECT INFORMATION

Protocol Number: _____ Project Title _____

Sponsor: _____

Initial Approval Date _____ Annual Review Date _____ Expiration Date _____

INVESTIGATOR PROFILE

Principal Investigator: _____ Department: _____

Email address: _____ Phone Number: _____

STUDY STATUS

This Periodic Report is for the end of: _____ first (1st) study year _____ second (2nd) study year

This study is: a. Ongoing b. Completed c. Discontinued d. Otherwise ended.

If you checked b, c, or d, above, do you wish to terminate this protocol? Yes No

Section I – Adverse Events / Unexpected Outcomes

1. Have there been any adverse events and/or unanticipated morbidity or mortality that have not already been reported to IACUC? Yes No

If yes, please list the cause(s), if known, and how these problems were resolved:

2. Have there been any problems or accidents involving hazardous substances or exposure of workers to hazardous substances? Yes No

If yes, describe and include if this was reported to EH&S:

Section II – Changes to Protocol

1. Does the protocol need to be amended to accommodate any changes that have been or will be made? If yes, please complete and attach a protocol amendment form to this report. Yes No

2. Please confirm all locations where live animal work is performed by listing these locations below:

Certification of Principal Investigator: I attest that the information I have provided above is correct to the best of my knowledge. This protocol does not unnecessarily duplicate previous research.

Name of the Principal Investigator: _____

Signature: _____ Date: _____