

ANNUAL REVIEW FORM

INSTRUCTIONS

ANNUAL SUBMISSION

Please complete, sign and date the form. Return it to the Institutional Animal Care and Use Committee (IACUC) Secretary by the "Submit by Date" given on the form in order to avoid interruptions in animal use related to failure to obtain timely IACUC approval.

Annual Reviews (this form) submitted to MSU IACUC must be accompanied by the "Renewal Notice" provided by the IACUC Secretary.

ADDITION OF PERSONNEL AND CHANGES

If personnel are to be added to the IACUC (protocol), then complete and attach the "Addition of Personnel" form (file name: Add personnel). For all other proposed changes complete and attach the Modification Request document. All changes must be approved by the IACUC before they are implemented.

PROTOCOL TITLE:

PRINCIPAL INVESTIGATOR:

ORIGINAL APPROVAL DATE:

SUBMIT BY DATE:

ANNUAL REVIEW NUMBER:

1. **Project status:**

- a) Project will continue with no changes.
- b) Project will continue with changes that are submitted on an amended IACUC form
- c) Project has been completed/terminated.

2. **SUMMARY OF ANIMAL USE:**

SPECIES	NUMBER APPROVED	NUMBER REMAINING

For IACUC Use Only

Category:

Special Considerations:

Protocol Number:

3. List any personnel you wish to remove from the approved protocol (submit the names below). Adding personnel requires submission of the 'request to make changes to an approved protocol form'.

Your response is limited to the space provided.

4. List any adverse events/unexpected deaths not described in the protocol and any actions taken to prevent reoccurrence

For IACUC Use Only

Category:

Special Considerations:

Protocol Number:

5. Protocol deviations

Unexpected Adverse events:

- a) No protocol deviations or adverse events occurred since the last review.
- b) Protocol deviation(s) or adverse event(s) occurred since the last review and was/were reported to the IACUC.
- c) Protocol deviation(s) or adverse event(s) occurred since the last review and was/were not reported to the IACUC. *Please describe. Your response is limited to the space provided.*

6. Please describe each protocol participant's additional training/experience in the last year having an impact on their role. Include all training on new or modified procedures. Provide participant's name, the date and type of training.

PRINCIPAL INVESTIGATOR SIGNATURE

Date

For IACUC Use Only

Category:

Special Considerations:

Protocol Number:

IACUC APPROVAL:

Approval of the Annual Review is indicated by the signature of the institution-specific individual identified below. The individual signing confirms that he/she has reviewed the Annual Review and finds it to be in compliance with applicable animal care and use regulations and institutional policies.

IACUC Chairperson (All institutions)

Date _____