

*** Office Use Only ***	Protocol Number _____	Approved for continued study:	
	Date of Initial Approval _____		
	Date of Last Review _____	Signature _____	Date _____
	Date of Expiration _____		

Annual Update to APPROVED ANIMAL CARE AND USE PROTOCOL

Oklahoma State University Center for Health Sciences
Institutional Animal Care and Use Committee
1111 W 17th St, Tulsa, OK 74107
918-561-1400

INSTRUCTIONS: Complete this form, sign, and forward to the IACUC Administrator. If you have any questions regarding completion of this form, please contact the IACUC Administrator.

Protocol Title:

Principal Investigator:

STATUS OF PROJECT:

Request Protocol Termination (If you select one of these options, you do not need to complete the rest of the form. You may sign and submit to IACUC Administrator.)

- ☐ Inactive - project never initiated
- ☐ Currently inactive - project initiated has not/will not be completed.
- ☐ Completed - no further activities with animals will be done.

Request Protocol Continuance (If you select one of these options, please complete the rest of the form.)

- ☐ Active - project ongoing
- ☐ Currently inactive - project was initiated but is presently inactive
- ☐ Inactive - project never initiated but anticipated start date is:

1. Has the FUNDING SOURCE(S) for this project changed since last IACUC approval?

- ☐ No
- ☐ Yes If yes, what is the new funding source?

2. RECORD OF ANIMAL USAGE

Species	Strain	Total # Approved	# Used to Date

3. Have there been changes in PERSONNEL?

- ☐ No
- ☐ Yes If yes, please describe below and provide documentation of training with this form:

4. PROGRESS REPORT: If the project is continuing and has been active for any time during the past 12 months, provide a brief update on the progress made in achieving the specific aims of the protocol.

5. PROBLEMS/ADVERSE EVENTS: If the project is continuing and has been active for any time during the past 12 months, describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.

6. ALTERNATIVES to ANIMAL USE: Alternatives to the use of animals should be considered and used when possible. Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims? (If N/A, state below.)

7. ALTERNATIVES to POTENTIALLY PAINFUL PROCEDURES (only for USDA Category D or E)
Procedures that cause the least amount of pain or distress to the animals should be considered and used whenever possible in place of Category C or D procedures. Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims? Explain. (If N/A, state below.)

8. DUPLICATION: Activities involving animals must not unnecessarily duplicate previous experiments. Provide written assurance that the activities of this project remain in compliance with the requirement that there must be no unnecessary duplication. (If N/A, state below.)

9. FUTURE PLANS: Do you intend to make any changes which deviate from the protocol you originally submitted?

☐ No changes are planned and the project will continue as previously approved by the IACUC.

☐ Minor changes are planned:

☐ Change in animal numbers

☐ Change in animal species

☐ Addition of animal species

☐ Change in dates

☐ Addition/Deletion of procedure

☐ Change in title

☐ Change in animal housing

☐ Other:

Provide a full description and justification for the proposed changes.

☐ Significant changes are planned. Please note that if the modifications are significant, you may be required to complete a new Application. They include but are not limited to: changes in the objectives of a study; proposals to switch from non-survival to survival surgery; changes in the degree of invasiveness of a procedure or discomfort to an animal; changes in species or in the approximate number of animals used; and changes in anesthetic agent(s), the use or withholding of analgesics, and methods of euthanasia. Additional factors may involve changes in the duration, frequency, or number of procedures performed on an animal. If you have questions, please contact the IACUC Chair.

CERTIFICATION OF THE PRINCIPAL INVESTIGATOR

Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.

Signature of the Principal Investigator

Date