**Berry College**

**Institutional Animal Care and Use Committee (IACUC)**

**Protocol Annual Review**

**Year 1** **[ ]  Year 2 [ ]**

**Federal and College Animal Assurance policies require annual reporting on the status of animal studies. To comply with these policies, please complete this form and electronically submit this report to iacuc@berry.edu. A signed copy may also be submitted to the IACUC, Campus Box 495006 or MAC 219.**

**Principal Investigator(s)** Click or tap here to enter text.

Title: Click or tap here to enter text.

Protocol #Click or tap here to enter text.

1. **Is this protocol still active?**

Yes [ ]

 No [ ]  **If no, sign the next page and return form.**

1. **Animal use report – please report the source and number of animals used in this reporting period. *If you exceed the number of approved animals, please submit a protocol modification form.***

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| --- | --- | --- |
|  | **Year 1** | **Year 2** |
| Number of animals approved per protocolHas the source of animals changed since originally proposed or the last annual review? If yes, please explain. | Click or tap here to enter text.[ ]  Yes [ ]  No Click or tap here to enter text. | Click or tap here to enter text.[ ]  Yes [ ]  No Click or tap here to enter text. |
| Animals housing location | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of animals used in this reporting period | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Have there been any changes in the animal component of the project (i.e., increasing by small numbers additional animal subjects, changing the route of administration of drugs), the addition of new personnel or changes to sponsored funding mechanisms?**

 Yes [ ]  **If yes, a Request for Minor Change/Amendment form must be completed and attached.**

 No [ ]

 Explanation of changes: Click or tap here to enter text.

1. **Were there any unexpected reactions, spontaneous deaths, or basic problems with the model during the past year?**

Yes [ ]  **If yes, how many animals were affected and please explain.**

 No [ ]

Explanation: Click or tap here to enter text.

1. **Please list all personnel currently associated with this project.**

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| --- | --- | --- |
| Name | Role in Project | CITI Training Date |
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Principal Investigator Date

**Approvals:**

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IACUC Chairperson Date

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College Veterinarian Date