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# Institutional Animal Care and USe Committee

# ANIMAL RESEARCH Continuing REview

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| **ANIMAL RESEARCH CONTINUING REVIEW FORM** |
| University policy requires that any ongoing research involving animal subjects conducted in affiliation with The University of Southern Mississippi be submitted for IACUC continuing review on an annual basis. Always use the most recent version of this form, which can be found at <https://www.usm.edu/research/iacuc-forms>   * This form should be filled out only for protocols that have been previously approved. * Changes in Primary Investigators and significant changes in procedures also require the completion of an Animal Research Modification Form. * Submit a completed copy of this form electronically to [iacuc@usm.edu](mailto:iacuc@usm.edu). * This form is not to be used for expired protocols including those that have expired after three years.   Last Edited September 9th,2016 |

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| Today’s date: | Protocol Expiration Date: |
| Section 1: InvestigAtor information | |

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| Project Title: | | | | | | | | | | | IACUC Protocol # : | | | | |
| Principal Investigator: | | | | | | | Phone: | | | | | | USM Email: | | |
| Campus ID: | | Department: | | | | | | Office Phone: | | | | | | Lab Phone: | |
| **Alternative Contact** | | | | | | **Funding Agency or Sponsor (if applicable)** | | | | | | | | | |
| Name: | | | | | | Organization: | | | | | | | | | |
| Phone: | | | | | | Grant #: | | | | | | | | | |
| SECTION 2: Protocol Procedures | | | | | | | | | | | | | | | |
| **Complete the following information for all requested animal species.** | | | | | | | | | | | | | | | |
| **Criteria** | | | **1st Species** | | **2nd Species** | | | | | **3rd Species** | | | | | **4th Species** |
| Common Name | | |  | |  | | | | |  | | | | |  |
| Scientific Name (*Genus species*) | | |  | |  | | | | |  | | | | |  |
| Total Number Approved | | |  | |  | | | | |  | | | | |  |
| Use Date | | |  | |  | | | | |  | | | | |  |
| USDA Pain Category (see below) | | |  | |  | | | | |  | | | | |  |
| **USDA Pain Category Definitions:**  Category B: Animals “bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.” (i.e. no use)  Category C: Procedures that cause minimal, transient, and/or no pain/distress when performed by competent persons using recognized methods. (i.e. no pain)  Category D: Procedures that cause more than minimal/transient pain/distress where the pain/distress is alleviated by the use of anesthetics, analgesics, or tranquilizers. (i.e. pain alleviated)  Category E: Procedures that cause more than minimal/transient pain/distress WITHOUT the use of anesthetics, analgesics, or tranquilizers to alleviate the pain/distress. (i.e. unalleviated pain). Must be scientifically justified. | | | | | | | | | | | | | | | |
| Nature of the Protocol Study (check all that apply):  Survival (Chronic) Prolonged Restraint Antibody Production  Inducement of a Disease State Terminal (Acute) Study Blood/Tissue Collection  Neuromuscular Blockers Transgenic Breeding  Inducement of Behavioral Stress Multiple Surgeries | | | | | | | | | | | | | | | |
| Please indicate the status of the protocol if requesting renewal:  Active (ongoing project)  Currently inactive (project was initiated but currently inactive)  Inactive (project was never initiated but has an anticipated start date) | | | | | | | | | Please indicate the status of the protocol if requesting termination:  Inactive (project never initiated)  Currently inactive (project was initiated but currently inactive)  Completed (no further activities with animals will be done) | | | | | | |
| **List any new personnel to be added since the last IACUC review. (Do not include students being trained to perform animal procedures.)** | **Name** | | | **Project Role** | | | | | | | | **Experience/Training** | | | |
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| **List any personnel removed from the protocol since the last IACUC review. (Do not include students being trained to perform animal procedures.)** | **Name** | | | **Project Role** | | | | | | | | **Effective Removal Date** | | | |
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| If the project is currently or was previously active, please describe a brief update on the progress made in achieving the specific protocol aims. | | | | | | | | | | | | | | | |
| Describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. Indicate “not applicable” if no such events occurred. | | | | | | | | | | | | | | | |
| In the last year, have alternatives to the use of animals become available that could achieve your specific aims? | | | | | | | | | | | | | | | |
| Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible. In 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? | | | | | | | | | | | | | | | |
| If any changes are planned to this protocol, please provide a full description and justification for the proposed change (Approved Protocol Modification Form must be also be completed). | | | | | | | | | | | | | | | |

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| SECTION 3: PRincipal INVESTIGAtOR AUTHORIZATION |
| Authorization signifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and University policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Authorization further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.  **By typing my name below, I acknowledge that I have read, understood, and approve of the information contained herein.**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Principal Investigator**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |