Animal Subjects Protocol
Continuing Review/Closeout

**Administrative Data**

Principal Investigator/Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Type: 🞎 Research 🞎 Teaching

Funding Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initial Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Record of Animal Usage**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Species | # of Approved | # Used to Date |
| Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |

USDA Project Pain Category

🞎 B 🞎 C 🞎 D 🞎 E

**Protocol Status**

Continuation:

🞎 Active – project ongoing

🞎 Currently inactive – project was initiated but is currently inactive

🞎 Inactive – project never began but anticipated start date is \_\_\_\_\_\_\_\_\_\_\_\_\_

Closeout

🞎 Inactive – project was never initiated

🞎 Currently inactive - project was initiated but has/will not be completed

🞎 Completed – no further activities with animals will be conducted

**Project Personnel**

Have there been any personnel changes since the last IACUC approval?

🞎 Yes 🞎 No

If yes, complete the additions and deletions section. Please include CITI Completion Report for all additions.

Additions

Names: Role/Responsibility:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deletions

Names: Effective as of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Progress**

If the project is active or was initiated but is currently inactive, provide a brief update on the progress made in achieving the aims of the protocol. Describe continued housing of animals if applicable.

**Adverse Events**

If the project is active or was initiated but is currently inactive, provide a brief explanation of any unanticipated/adverse events, morbidity, or mortality; the causes if known, and how the events were resolved. If none, please indicate as such.

**Alternatives to Animal Use**

Since the last IACUC approval, have any alternatives become available that could be substituted to achieve the aims of the protocol? Please detail your efforts to identify such alternatives (e.g., specify literature consulted, databases queried, date of queries, and keywords used).

**Alternatives to Painful Procedures**

(If project involves USDA Categories D or E) Since the last IACUC approval, have any alternatives become available which are potentially less painful or distressful that could be substituted to achieve the aims of the protocol? Please detail your efforts to identify such alternatives (e.g., specify literature consulted, databases queried, date of queries, and keywords used).

**Duplication**

Provide updated assurance that activities of this study remain in compliance with the requirement of unnecessary duplication of previously completed research. Please detail your efforts to identify such unnecessary duplication (e.g., specify literature consulted, databases queried, date of queries, and keywords used).

**Certifications**

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

🞎 Changes are planned. Please provide description and justification for the proposed changes. If modifications are significant, the IACUC may ask you to complete a new application.

🞎 Other. Please include a brief explanation.

**Certifications**

The following signature certifies that the information provided is complete and accurate and that this project will continue to be conducted in full compliance with the Animal Welfare Act, NIH Guide for the Care and Use of Laboratory Animals, deferral and state regulations, and institutional policies.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval**

Certification and approval by the College of the Holy Cross IACUC

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_