

**ANIMAL CARE AND USE COMMITTEE  
ANNUAL REVIEW FORM**

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Department: \_\_\_\_\_ ACUC Protocol #: \_\_\_\_\_

*Leave Blank if New*

Proposal Title: \_\_\_\_\_

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**THIS IS A NEW PROTOCOL. I request review by the ACUC.**

List the names of all individuals authorized to conduct procedures involving animals under this animal use description:

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**I WISH TO CONTINUE THIS PROTOCOL. I request review by the ACUC.**

**This protocol is submitted for its first annual review.**  
*(USDA Covered Species)*

**This protocol is submitted for its second annual review.**  
*(USDA Covered Species)*

**This protocol is submitted as a rewrite.**  
*(A Rewrite is required every three years)*

**There ARE NO personnel changes since the project was last approved.**

**There ARE current personnel changes.**  
(If yes, please list personnel that work with animals who have been added to, or deleted from this project).

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**There ARE MINOR changes to the protocol.**  
(If yes, please briefly note the changes).

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**I DO NOT WISH TO CONTINUE THIS PROTOCOL.**

**This work will be/was terminated** \_\_\_\_\_  
*(date)*

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**P.I. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Your signature here acknowledges your responsibility for the contents of this submission and the conduct of any animal use that may be approved by the IACUC.*