

**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: _____

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:

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).

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

I DO NOT WISH TO CONTINUE THIS PROTOCOL.

This work will be/was terminated _____
(date)

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.