



IACUC ANNUAL RENEWAL/CLOSE-OUT FORM FOR USE OF VERTEBRATE ANIMALS IN RESEARCH & TEACHING RUSVM IACUC

Federal Regulations require that all protocols involving the use of animals be reviewed annually by the IACUC. This form is to be completed 12, 24, and 36 months post approval of all research and teaching protocols. If you have any questions about completing the form, please contact the IACUC Administrator.

Please note that the IACUC will not approve renewal applications until all individuals listed as working on the protocol have completed the required training.

I. Principal Investigator

Name:	
Phone Ext (if changed):	
Email Address (if changed):	

II. Protocol

Title:	
IACUC Protocol #:	
Source of Funding (if changed):	

PLEASE NOTE: If the answer to any of the below questions is "Yes," an [Amendment Form](#) or [Personnel Amendment Form](#) must be submitted to the IACUC for review and approval *prior* to work being conducted in which the change is implemented. If the change has already occurred and was not approved, a [Deviation Form](#) must also be submitted.

With regard to the above previously approved project, has there been, or do you anticipate any change, that has not already been approved via Amendment, in:



	Yes	No
Animal species utilized		
Surgical procedures		
Non-surgical procedures		
Biohazardous materials		
Number of animals		
Any other significant changes		
The location of animal use		
Animal housing needs		
Personnel		
Principal Investigator		

Unless specifically described in your protocol, did any event occur in your protocol which affected animals and/or had a negative impact on health or animal welfare?

Yes		No	
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If yes, please list the adverse events by animal ID and date. As a reminder, all adverse events should already have been reported to the AV/IACUC within 48 hours of occurrence using the [Adverse Events Form](#).

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III: Protocol Status (Select one)

- Active- project ongoing ☐
- Inactive- project was initiated but is presently inactive and there are no future plans to use animals during the remainder of the approved application ☐
- Inactive- project never initiated ☐

If inactive: Please write the date that work on the protocol ended:

If inactive: Are there future plans to continue work? ☐ No ☐ Yes

IV. Animal Usage

Please check box for the time period animal usage is being reported on:

Year 1

Year 2

Close-out

Species	# Approved/year	# used within the last year

V. Alternatives to Animal Use

Since your last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your project goals?

☐ No ☐ Yes

If Yes list alternatives:



ROSS UNIVERSITY
SCHOOL OF VETERINARY MEDICINE

veterinary.rossu.edu

VI. APPLICANT'S CERTIFICATION

1. I agree to abide by all RUSVM policies and procedures regulating the use of vertebrate animals in research; by the provisions of the NIH Guide for the Care and Use of Laboratory Animals; and by all other applicable laws, policies, and regulations governing the use of animals in research.
2. I declare that all experiments involving live animals will be performed under my supervision. All participants are qualified and have been trained in proper surgical procedures, post-procedural management, analgesics and euthanasia to be used in this project.
3. I certify that this application accurately reflects all procedures involving animal subjects described in the proposal submitted for the support of this project. Any proposed revision to or variation from this application as approved will be promptly forwarded to the IACUC office for review and approval.
4. I understand that if I cannot be contacted in the event that animals in this project show evidence of distress, illness or pain, emergency care will be administered at the discretion of the veterinary medical staff.

PI Name: _____