 ROSS UNIVERSITY <small>EST. 1978</small> SCHOOL OF VETERINARY MEDICINE		Issued	2015
		Revised	Nov. 2017
		Authority	RUSVM IACUC

**ANNUAL RENEWAL APPLICATION FOR APPROVAL TO USE
 VERTEBRATE ANIMALS
 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 when the protocol has been approved as a new application within the last three years by the IACUC. If you have any questions about completing the form, please contact the IACUC Administrator at Ext. 1272

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

III: Protocol Status (Select one)

- Active- project ongoing
- Currently Inactive- project was initiated but is presently inactive
- 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

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IV. Animal Usage:

Species	# Approved/year	# used within the last year

V. Problems/Adverse Events:

- Describe any unanticipated adverse events, morbidity, or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.

None Yes

If yes please describe:

VI. 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:

VII. Protocol Changes:

Are any changes planned regarding this protocol? Changes in funding source, protocol title, method of euthanasia, use of additional animals, additional personnel, etc.

No Changes Changes are planned

If changes are planned, an Amendment Form must be completed.

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VIII. Checklist of Individuals Involved in the Study:

Please provide the following information regarding **any individuals added/deleted** from the original Protocol.

NAME (Last, First)	DEGREE	ROLE IN PROJECT AND QUALIFICATIONS	ADD (A) OR DELETE (D)

***It is the Principal Investigator’s responsibility to insure that all project personnel have received appropriate training. Throughout the year, to request additions or subtractions to your protocol list, please contact the IACUC Administrator at syount@rossvet.edu.kn**

IX. 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: _____ **Date:** _____