**Institutional Animal Care and Use Committee (IACUC)**

**Continuing Review of Animal Housing/Husbandry not Related to Research**

Submit this form with any applicable supplemental forms to [eiuiacuc@eiu.edu](mailto:eiuiacuc@eiu.edu). To add, remove, or modify species in a protocol, complete the [Housing/Husbandry Supplemental Form: Species List](file:///\\eiuad.eiu.edu\files\Departments\GradSchool\Res%20and%20Spons\Grants%20and%20Research\Jennifer\IACUC\IACUC%20Forms\Proposed%20Changes\Housing%20Husbandry\Proposed%20Housing%20Husbandry%20Supplemental%20Form%20Species%20List.docx).

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| --- | --- | --- | --- | --- | --- |
| **Protocol Information:** | | | | | |
| Title of Project/Course: | | | | | |
|  | | | | | |
| Protocol Status: | | | Original Protocol Number: | | |
| Active – project ongoing  Inactive – project was initiated but is presently inactive  Not yet initiated | | |  | | |
| Project Type: | | |
| Instruction  Display | | |
| **Principal Investigator/Responsible Party (Note: PI must be a faculty member)** | | | | | |
| Check this box if there is a change in PI | | | | | |
| Name: |  | | | e-mail: |  |
| Department: |  | | | Phone: |  |
| Contact Phone Number in the Event of a Disaster: | |  | | | |
| **Changes to Protocol:** | | | | | |
| Indicate below if there any proposed changes to the protocol. Describe the changes in detail in the space provided at the end of this section, and provide supplemental forms when necessary. | | | | | |
| Will PI Duties / Responsibilities change? | | | | | No  Yes |
| Will the setting, location, or animal living conditions change? | | | | | No  Yes |
| Will the purpose for housing the animal(s) on campus change? | | | | | No  Yes |
| Will there be a change in personnel involved other than animal care personnel?  If yes, complete the [**Animal Personnel Supplemental Form**](file:///\\eiuad.eiu.edu\files\Departments\GradSchool\Res%20and%20Spons\Grants%20and%20Research\Jennifer\IACUC\IACUC%20Forms\Proposed%20Changes\Research\Field\Proposed%20Animal%20Personnel%20Supplemental%20Form.docx) | | | | | No  Yes |
| Will there be a change in animal care personnel?  If yes, complete the [Housing/Husbandry Modification to Species Form](file:///\\eiuad.eiu.edu\files\Departments\GradSchool\Res%20and%20Spons\Grants%20and%20Research\Jennifer\IACUC\IACUC%20Forms\Proposed%20Changes\Housing%20Husbandry\Proposed%20Housing%20Husbandry%20Modification%20to%20Species%20Form.docx) | | | | | No  Yes |
| Are there any changes to the species to be used?  If yes, complete the [Housing/Husbandry Modification to Species Form](file:///\\eiuad.eiu.edu\files\Departments\GradSchool\Res%20and%20Spons\Grants%20and%20Research\Jennifer\IACUC\IACUC%20Forms\Proposed%20Changes\Housing%20Husbandry\Proposed%20Housing%20Husbandry%20Modification%20to%20Species%20Form.docx) | | | | | No  Yes |
| Are there significant changes to the number of animals in a species?  If yes, complete the [Housing/Husbandry Modification to Species Form](file:///\\eiuad.eiu.edu\files\Departments\GradSchool\Res%20and%20Spons\Grants%20and%20Research\Jennifer\IACUC\IACUC%20Forms\Proposed%20Changes\Housing%20Husbandry\Proposed%20Housing%20Husbandry%20Modification%20to%20Species%20Form.docx) | | | | | No  Yes |
| Is there a change in funding source for this project? | | | | | No  Yes |
| Are there other changes to this protocol not otherwise specified on this form? | | | | | No  Yes |
| Description of any proposed change(s) to protocol: | | | | | |
|  | | | | | |
| **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. | | | | | | |
|  | | | | | | |

**CERTIFICATIONS AND ASSURANCES:**

By signing this form, I certify that:

The information provided in this application is an accurate description of the proposed use of animals

All activities are designed to assure that pain/distress/discomfort of animals is minimized

Medical care will be available when necessary, and provided by a qualified veterinarian

All personnel authorized to conduct animal procedures under this protocol will be appropriately trained and qualified, and that I am responsible for the supervision, training, and work of said personnel

I will obtain IACUC approval before initiating any changes to this protocol by submitting the [Animal Housing/Husbandry Protocol Modification Request](https://www.eiu.edu/grants/Proposed%20Animal%20Housing%20Protocol%20Modification%20Request.docx) form.

I will notify the IACUC of any changes to the species list including changes in caretakers, addition or removal of species, or significant change in quantity of any species listed by submitting the [Housing/Husbandry Modification to Species Form](https://www.eiu.edu/grants/Proposed%20Housing%20Husbandry%20Modification%20to%20Species%20Form.docx).

I will notify the IACUC regarding any unexpected impact to the animals, and any unanticipated pain or distress, morbidity or mortality will be immediately reported to the IACUC and will submit the [IACUC Incident Report](https://www.eiu.edu/grants/Proposed%20IACUC%20Incident%20Report.docx) form.

I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies for the ethical use and treatment of animals used in research and teaching

**Submission of this form by the PI in the form of electronic mail is taken as evidence of this Assurance. Please type your name(s) and the date below.**

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| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| Principal Investigator / Responsible Party Signature | | | Date | | |
| *For IACUC Use Only:* | Date Received: |  | | Protocol Number: |  |