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

**Continuing Review of Protocol for Animal Use in Research in a Campus Facility**

Submit this form with any applicable supplemental forms to eiuiacuc@eiu.edu

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| **Project Information** |
| Title of Project: |
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| Protocol Status: | Original Protocol Number: |
| [ ]  Active – project ongoing [ ]  Inactive – project was initiated but is presently inactive[ ]  Not yet initiated |  |
| **Principal Investigator (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: |  |

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| **Animal Usage** |
| Indicate below if there any proposed changes to animal use in the protocol. Describe the changes in detail in the space provided at the end of this section, and provide supplemental forms when necessary. |
| Are there any changes to the species involved in the research (including a significant change in number of animals to be used)?If species will be added, complete the [Campus Research Supplemental Form: Species List](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5COn%20Campus%5CProposed%20Campus%20Research%20Supplemental%20Species%20List.docx) | [ ]  No [ ]  Yes |
| Will there be changes to the USDA Pain or Distress Classification of any species being used?If pain classification D or E, complete [Pain Classification D or E](Proposed%20Pain%20Classification%20D%20or%20E.docx)  | [ ]  No [ ]  Yes |
| Since the last IACUC approval, have alternatives that are potentially less painful or distressful become available that could be used to achieve your project aims? | [ ]  No [ ]  Yes |
| Description of any proposed change(s) to animal use in the protocol: |
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| **Record of Animal Usage**List all species used in the protocol. Use the [Record of Animal Usage Supplemental Form](Proposed%20Record%20of%20Animal%20Usage%20Supplemental%20Form.docx) to list additional species as needed. |
| Animals Species & Strain (Scientific & Common Name) | **Year 1:**Total # of Animals | **Year 2:**Total # of Animals | **Year 3:**Total # of Animals |
| Used | Euthanized | Used | Euthanized | Used | Euthanized |
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| **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 there be a change in personnel involved in the protocol?If yes, complete the [Animal Personnel Supplemental Form](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5CField%5CProposed%20Animal%20Personnel%20Supplemental%20Form.docx) | [ ]  No [ ]  Yes |
| Will there be a change in animal care personnel?If yes, complete the [Campus Research Supplemental Form: Species List](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5COn%20Campus%5CProposed%20Campus%20Research%20Supplemental%20Species%20List.docx) | [ ]  No [ ]  Yes |
| Will the Duties / Responsibilities for any research personnel change? | [ ]  No [ ]  Yes |
| Will there be a change in setting or location for research and/or the living conditions for animals? | [ ]  No [ ]  Yes |
| Are there changes to the aim of the study, its experimental design and/or any animal procedures including to surgical or euthanasia procedures? Complete the [Animal Surgery](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%203%20Surgery.doc) and or [Euthanasia, Death, or Disposition of Animals](https://www.eiu.edu/grants/IACUC%20Euthanasia%20Form.docx) forms as warranted. | [ ]  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: |
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| **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. |
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**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

[ ]  The proposed activities do not unnecessarily duplicate previously reported research

[ ]  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 [Campus Research Protocol Modification Request Form](https://www.eiu.edu/grants/Proposed%20Campus%20Research%20Protocol%20Modification%20Request%20Form.docx).

[ ]  I will notify the IACUC of any changes to the species list by submitting the [Campus Research Protocol Modification Request Form](https://www.eiu.edu/grants/Proposed%20Campus%20Research%20Protocol%20Modification%20Request%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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| Principle Investigator Signature | Date |
| *For IACUC Use Only:*  | Date Received: |  | Protocol Number: |  |