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

**Continuation Review of Protocol for Wildlife/Field Study**

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 |  |
| Exemption Status: |
| [ ]  Exempt [ ]  Not Exempt |

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| **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 in the Event of a Disaster: |  |
| **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 [Field 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%5CField%5CProposed%20Field%20Research%20Supplemental%20Form%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](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5COn%20Campus%5CProposed%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 the Duties / Responsibilities for any research personnel change? | [ ]  No [ ]  Yes |
| Will there be changes to the location where the field research will be conducted (including where animals will be obtained). | [ ]  No [ ]  Yes |
| Have there been permit requirement or permit status changes? | [ ]  No [ ]  Yes |
| Is there a change in funding source for this project? | [ ]  No [ ]  Yes |
| Are there changes to the aim of the study, its experimental design and/or any animal procedures including capture and handling methods/duration, and transportation?  | [ ]  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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| **Field Research Exemption** |
| Any activity that is not expected to alter or influence the activities of animals can be considered for exemption from IACUC approval. Will there be changes to the instructional protocol potentially effect exemption status? |
| [ ]  No, exemption status will not change [ ]  Yes, protocol will no longer be considered exempt [ ]  Yes, protocol could now be considered exempt (complete the next prompt) |
| Field Research Exemption: This request must be made to the IACUC prior to the initiation of any changes to field instruction. Exemption is valid only for the instructor making the request and only for the semester for which it is requested. Exempt status may be assigned to multiple units of field instruction taking place within one course. To apply for exemption, each of the following criteria must be met. Check each box below as it applies to your field instruction: |
| I certify that:[ ]  I have acquainted myself with the Federal Regulations and University Policies regarding the care and use of vertebrate animals in testing, research, and educational activities*.*[ ]  Field studies are, first and foremost, subject to the animal care and use requirements and regulations imposed by any agency funding the study*.* [ ]  All animals will be studied in their natural environment. Every attempt will be made to avoid excessive disturbance due to research or teaching activity. The proposed activities do not involve the capture, handling, housing, transportation, treatment or euthanasia of any vertebrate animals. Should these procedures become necessary during the course of the study, I will submit [Field Research Protocol Modification Request Form](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5CField%5CProposed%20Field%20Research%20Protocol%20Modification%20Request%20Form.docx), for IACUC approval prior to initiating any change in protocol.[ ]  All personnel, including students, involved in this study have received proper training appropriate to the nature and scope of the study to ensure that the health and safety of animals and persons in the field are not compromised. |

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

[ ]  I will notify the IACUC of any changes to the species list by submitting the [Field Research Protocol Modification Request Form](https://www.eiu.edu/grants/Proposed%20Field%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: |  |