**Fitchburg State University**

 **Annual Protocol Update Form**

Adapted from forms created by the University of California, Santa Cruz and

Colorado State University

**Please fill out this form completely and send to** **iacuc@fitchburgstate.edu****. Enter N/A where not applicable.** Questions and feedback regarding this form should be directed to the Chair of the IACUC, at iacuc@fitchburgstate.edu

If an update is not approved by the anniversary date, all animal use activity under this protocol must stop and a new protocol application must be submitted and approved by the IACUC.

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| --- |
| Submission date:MM/DD/YYYY |
| Original approval date: MM/DD/YYYY |
| Project title (title from original approved protocol): Enter project title here |
| Principal investigator: Enter name here |
| Department: Enter department here |
| Phone: (XXX) XXX-XXXX | Email: Enter email here | Office: Enter office here |
| Co-respondent(s) on protocol communications: Enter name(s), email address(es) here |

1. Were animals used since your last annual update (or since initial approval, if protocol is in its first year)?

|  |
| --- |
| Enter text here |

1. If no animals were used, state reason (if animal use is complete and will not resume, please enter “N/A” in all other questions until you reach question #11):

Enter text here

1. If currently inactive, is animal use expected to resume? If so, approximate date? (if no, please enter “N/A” in all other questions until you reach question #11):

Enter text here

1. Specify by species animal numbers used since last approval or update:

Enter text here

1. Specify by species animals remaining (total approved less total used since initial approval):

Enter text here

1. If you have received any funding for project(s) covered under this protocol and you have not yet reported this to the IACUC, specify the funding agency and grant/award number:

Enter text here

1. List any changes to personnel approved to work on this protocol (removals, additions, etc.). If adding new personnel, please ensure that all training identified in the original protocol is complete and records are sent to iacuc@fitchburgstate.edu before personnel begin to work with animals:

Enter text here

1. If there has been a change in your permit status, please indicate the agency, new permit number, and permit expiration date:

Enter text here

1. For investigator-maintained animals held off-campus, please provide any relevant updates about the off-campus facility:

Enter text here

1. Are there any proposed changes requested? If so, please describe:

Enter text here

**Note:** Any proposed changes in animal use sites, personnel, funding, study purpose/objectives, species, animal numbers by species, or research procedures must be approved by the IACUC before any changes are implemented

1. **Protocol deviations and/or adverse events** (please select one of the following):

☐ No protocol deviations or adverse events occurred since the last review.

☐ Protocol deviation(s) or adverse event(s) occurred since the last review and was/were reported to the IACUC.

☐ Protocol deviation(s) or adverse event(s) occurred since the last review and was/were not reported to the IACUC. *Please describe:*

Enter text here

**SUBMITTED BY PRINCIPAL INVESTIGATOR**

Signature of principal investigator: Signature Date: MM/DD/YYYY

 **FINAL APPROVAL**

Certification of review and approval by the Fitchburg State University Institutional Animal Care and Use Committee:

Approval signature (IACUC Chair): Date: