Roger Williams University Institutional Animal Care and Use Committee (IACUC) Annual Report

This form serves as a required yearly update and must be completed annually for all IACUC-approved projects.

IACUC protocol approval is a three year conditional approval. If the work is to continue beyond three years, a new Research and Teaching Use Application must be completed and submitted to the committee for consideration. To report minor changes to an IACUC-approved protocol (personnel changes, animal species changes, etc.), investigators must complete the Change to an Approved Protocol Form. Requests for major changes require completion of a new Application to Use Live Vertebrate Animals Form.

Roger Williams University policy requires that all investigators make an effort to limit the use of vertebrate animals to studies which have scientific merit and/or significant educational value and for which alternative model systems do not exist. For a more complete statement of university policy, please visit the RWU IACUC webpage: https://www.rwu.edu/who-we-are/administration-and-governance/committees-governance/iacuc

Please complete and electronically sign this form and forward it as an attachment to IACUC@rwu.edu.

Faculty Investigator Name (Last)		(First)			
Home Phone or Cell Phone #		Campus l	Phone Ext		
Campus Address					
Protocol Type:	Faculty Research Class Activity	Student Re Breeding (
Project Title:					
Protocol Number:	Original Approval Date				
Project Update					
For Research Proje	ects and Breeding Colonies:	Yes	No		
For Teaching / Course-related Protocols: Will the activity be performed again within 3 years of the approval period?			Yes	No	
If No, please descr	ribe closure of the project and	l final outcome for animals			

If Yes, please continue to the next section.

(euthanasia, disposal, release, return to breeding colony, etc.)

1. Are there any project per	Yes	No	N/A		
If yes, please list the new ir in the Notes section at the		he project below.	Additional infor	mation can be included	
First Name Last Nan	ne E-Mail	CITI Training Course		Completion Date	
1.					
2.					
3.					
4.					
5.					
2. Has the duration of the pro	iect changed?	Yes	No		
2. Has the duration of the project changed?					
If yes, please provide Begin Date		End Date			
3. Has animal use changed?		Yes	No		
If yes, please select:					
Animal Numbers	Additional Requirements: Attach a description of any proposed changes in the animal species or numbers listed in your approved protocol. For each species, clearly indicate and FULLY JUSTIFY the amount of any proposed increase in the total number of animals to be used for the current year.				
Animal Species	Additional Requirements: Attach a description of any proposed changes in the animal species or numbers listed in your approved protocol. For each species, clearly indicate and FULLY JUSTIFY the amount of any proposed increase in the total number of animals to be used for the current year.				
Animal Care	Additional Requirements: Attach a description of any changes in the animal care procedures described in your approved protocol. If pain or stress involved is anticipated, please describe.				
Animal Experimenal Procedures	Additional Requirements: Attach a description of any proposed changes in the animal experimental procedures described in your approved. If pain or stress involved is anticipated, please describe.				
4. Have you encountered problem	ns or complications suc	th as unexpected	animal death or il	lness? Yes No	
			If "Ye	es", please attach details.	
5. Have the study objectives chan	ged? Yes	No	If "Yes", please att	tach details.	

Signature of Faculty Investi	gator	Date:
Internal IACUC Use Only:	Date Received:	
Signature of IACUC Chair:		Date:
<i>3</i>		