For IACUC Use Only:
Proposal Number enter text.
Approval Date enter a date.
Expiration Date enter a date.

**A. General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **PI Name:** | Click here to enter text. | **Project Title:** | Click here to enter text. |
| **Initial Protocol Approval Date:** | Click here to enter text. | **Amendment Number:** | Click here to enter text. |
| **Department:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Fax:** | Click here to enter text. | **Email:** | Click here to enter text. |

**B. Protocol Information**

I plan to continue to conduct research using this protocol:

 [ ] NO, please state date the animal use ended: Click here to enter text.

 [ ] YES, please complete the information below:

Species used in the past year: Click here to enter text.

Total of the number of animals used in the past year: Click here to enter text.

Number of animals that remain to be used: Click here to enter text.

**C.** **Significant Changes**

Are there any significant changes to the approved animal use that have not been included in amendments since the approval of your original protocol? [ ]  No or [ ]  Yes, indicate changes below and submit a Major or Minor Amendment with the proposed change(s) and reason for the change(s).

Check the changes and describe each below:

[ ]  Increase of the number of animals. Describe:Click here to enter text.[ ]  Change in species. Describe:Click here to enter text.

[ ]  Change in strain. Describe:Click here to enter text.

[ ]  Change in study goals. Describe:Click here to enter text.

[ ]  Change in Surgical or Non-surgical procedures. Describe*:* Click here to enter text.

[ ]  Changes in the agents being administered to animals or changes in dosage. Describe:Click here to enter text.

[ ]  Biohazardous materials. Describe:Click here to enter text.

**D. Personnel**

 List any person previously listed on an approved protocol who is **no longer involved** on this project:

Click here to enter text.

Click here to enter text.

Click here to enter text.

List any **new personnel** who will be involved with this project in the upcoming year:

Click here to enter text.

Click here to enter text.

Click here to enter text.

**E. Adverse Events**

Have there been any adverse events, morbidity or animal mortality in the past year?

 [ ]  No

 [ ]  Yes, please explain: Click here to enter text.

What were the measures taken to prevent future occurrences: Click here to enter text.

**F. Future Activities**

Describe the activities projected for the upcoming year: Click here to enter text.

**G. PI Certification Statement**

I certify that the original Protocol for which this annual renewal is submitted, accurately describes all aspects of the proposed animal usage. I further certify that the use is not unnecessarily duplicative. I accept responsibility that all personnel working on the project will adhere to the regulations regarding the humane treatment of laboratory animals and will receive proper training as required by the IACUC. I will obtain approval prior to instituting any significant changes in the project. I understand that the approval is not final until I receive notification of such in writing, and that the IACUC can require changes to the protocol. I understand that the protocol may be used for a maximum of three years from the date of the original IACUC approval and that an annual renewal and approval is required by the end of year 1 and year 2.

PI Signature and Date:Click here to enter a date.

[ ]  I certify the accuracy of the information provided and I agree to abide by Salem State Universities policies and procedures governing research with animal subjects.

Please print form to sign and date. Form can be scanned and emailed to IACUC@salemstate.edu with any supporting documentation. Alternatively the IACUC Annual Renewal Form can be sent via interoffice or US mail to Sponsored Programs and Research Admin (Adm 202), Salem State University 352 Lafayette Street Salem, MA 01970.