**CALIFORNIA STATE UNIVERSITY, STANISLAUS**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

**ANNUAL REVIEW FORM**

Please answer all questions completely, obtain the necessary signatures, and return to:

Office of Research and Sponsored Programs MSR 160 or email [orsp@csustan.edu](mailto:orsp@csustan.edu)

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| Last Name: | First Name: |
| Email: | Phone #: |
| Department: | Faculty Advisor: |

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| --- | --- |
| Title of Project: | |
| Co-Investigators: | |
| IACUC Protocol #: | IACUC Approval Date: |

**Investigator/Instructor Assurance**:

I agree and abide by the Guide for the Care and Use of Laboratory Animals, USDA Animal Welfare Regulations (CFR 1985) and Public Health Service Policy on Humane Care and Use of Laboratory Animals (1996) and CSU Stanislaus’ policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. I also certify that the proposed studies do not represent unnecessary duplication of experiments. I will permit emergency veterinary care to animals showing evidence of pain or illness, if not the desired effect of the above-approved techniques. The information provided is accurate to the best of my knowledge. Appropriate space and funding have been arranged. The use of alternatives has been considered and found unacceptable at this time. I declare that all experiments involving live animals will be performed under my direct supervision or under that of another qualified scientist. Technicians who will be involved have been trained in proper procedures in animal handling and in any administration of analgesics/anesthetics, animal surgery, and euthanasia to be used in this project.

Investigator/Instructor Date

Faculty Advisor (if applicable) Date

1. Provide a brief description of research activities completed or in progress and/ or a summary of the outcomes.

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2. Have there been any changes to your protocol? Do you anticipate any this year? Please explain.

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3. Have there been any problems with the research? Has there been any injury, harm, or discomfort to the animals that was not originally anticipated or projected in your original protocol? If yes, please explain.

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4. Indicate the number of animals used in approved procedures during the last project year.

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