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| 1. **PROJECT INFORMATION (Email completed form to** [**JUIACUC@ju.edu**](mailto:JUIACUC@ju.edu)**)** | | | | | | |
| Title of Project:  Click or tap here to enter text. | | | | | | Project Number:  Click or tap here to enter text. |
| Principal Investigator:  Click or tap here to enter text. | | Department:  Click or tap here to enter text. | | Faculty Mentor if not PI:  Click or tap here to enter text. | | |
| Today’s Date:  Click or tap here to enter text. | Original Approval Date:  Click or tap here to enter text. | | Phone:  Click or tap here to enter text. | | Email:  Click or tap here to enter text. | |
| **II. INDICATE PROPOSAL STATUS:** | | | | | | |
| **Request Protocol Continuance - If continuance is requested, complete Sections II-V.** | | | | | | |
| Active - project on-going.  Currently inactive - project was initiated but is presently inactive.  Inactive - project never initiated but anticipated start date is: | | | | | | |
| **Request Protocol Termination – *Only check one of these boxes if you want your project to be discontinued. Otherwise leave them unmarked. If you are terminating your project, SKIP Section III and complete IV-V.*** | | | | | | |
| Inactive - project never initiated.  Currently inactive - project initiated but will not be completed.  Completed - no further activities with animals will be performed on this protocol | | | | | | |
| **III. REVIEW INFORMATION** | | | | | | |
| 1. **Consideration of Alternatives.** Federal regulations require that investigators consider whether new or alternative techniques or methods are available that would allow for **replacement, reduction, or refinement** of animal use. These include methods that use non-animal systems or less sentient animal species to partially or fully **replace** animals, methods that **reduce** the number of animals to the minimum required to obtain scientifically valid data, and methods the **refine** animal use by lessening or eliminating pain or distress. Any method that could reduce animal use or animal pain or distress without affecting the research outcome should be incorporated into a protocol.    1. **Replacement of Animals.** Have alternatives to the use of animals that could be employed to achieve any of your specific aims become available?   No  Yes  If YES, please explain and justify why the use of these alternatives can not be substituted to achieve your specific aims.  Click or tap here to enter text. | | | | | | |
| * 1. **Reduction of Numbers of Animals Used.**  The number of animals used should be the minimum required to obtain scientifically valid data. Your animal numbers were justified in the original application and/or approved Request for Amendment. Since the last IACUC approval has anything changed that would allow for a reduction in the animal numbers?   No  Yes  If YES, please explain and justify why these alternatives cannot be substituted to achieve your specific aims  Click or tap here to enter text. | | | | | | |
| * 1. **Refinement of Technique-Alternatives to Potentially Painful/Distressful Procedures.** Have alternative techniques been developed that are potentially less painful and distressful that could be used to achieve any of your specific aims?   No  Yes  If YES, please explain and justify why the use of these alternatives can not be substituted to achieve your specific aims.  Click or tap here to enter text. | | | | | | |
| 1. **Duplication.** Activities involving animals must not unnecessarily duplicate previous experiments. Provide written assurance that the activities in this project remain in compliance with the requirement that there must be no unnecessary duplication.   Click or tap here to enter text. | | | | | | |
| 1. **Problems/Adverse Events.** During the last year, have any unanticipated adverse events, morbidity or mortality occurred?   No  Yes  If YES, describe the circumstances, causes (if known) and resolution of the problem(s).  Click or tap here to enter text. | | | | | | |

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| 1. **Exceptions.** Does the protocol include previously approved exceptions as listed below to regulations/guidelines/policies?   No  Yes  If YES, please mark all that apply | | | |
| Housing Outside the Centralized Facility for >12 hours  Use of Non-Pharmaceutical Grade Agents  Physical Restraints on Awake Animals  Use of an Animal in More than One Major Survival Surgery  Exception to Non-Human Primate Behavior Management Program  Exception to Social Housing | | Exception to the Canine Exercise Plan  Exception to Standard Space Requirements  Exception to Standard Temperatures  Exception to Standard Cleaning or Sanitation  Exception to Standard Lighting Cycle  Use of Expired Drugs/Material  Use of Food/Fluid Regulation  Other:  Click or tap here to enter text. | |
| Any changes to personnel?  Yes  No  Reminder: The PI is responsible for ensuring all study personnel have active training certifications for Animal Care and Use via the CITI program. | | | |
| Name, degree:  Click or tap here to enter text. | Role/Title:  Click or tap here to enter text. | | Addition  Removal |
| Name, degree:  Click or tap here to enter text. | Role/Title:  Click or tap here to enter text. | | Addition  Removal |
| Name, degree:  Click or tap here to enter text. | Role/Title:  Click or tap here to enter text. | | Addition  Removal |
| **IV. STUDY UPDATE** | | | |
| Provide a brief summary covering the last year for this project. Include specific aims you have addressed to date and results obtained or an explanation of why aims have not been conducted. Include references to any publications that have resulted from this research, testing, or training.  Click or tap here to enter text. | | | |
| Comments:  Click or tap here to enter text. | | | |

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| **V. CERTIFICATION OF PRINCIPAL INVESTIGATOR** | |
| My signature below or my electronic submission of this form certifies that:  • I understand the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable regulations and JU policies governing the use of live vertebrate animals for research, testing, or training purposes.  • I will continue to conduct the project in full compliance with the aforementioned requirements.  • The IACUC approved protocol, including all amendments, is accurate and up to date. | |
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