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| 1. **PROJECT INFORMATION:** | | | | | | |
| Title of Project:  Click or tap here to enter text. | | | | | | Project Number (e.g., 2018-XX):  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. | |
| Do you need a permit to conduct this study?  Yes  No  **If yes**, Did you include a copy of the most recent permit or renewal with this application?  Yes  No | | | | | | |
| Funding Source (e.g., internal or external grant, contract, sponsorship or donor gift): Type the name of the Grant Program | | | | | | |
| **II. PROTOCOL STATUS:** | | | | | | |
| **A. Please indicate the status of this project:** | | | | | | |
| We are requesting a **continuation** for this project. **The project has started.** (***Please fill the rest of the form***).    NOTE: A continuation request will allow you to continue your project as ORIGINALLY approved by the IACUC.  ***If, there are changes to the approved protocol, please sumbmit an AMENDMENT form*** in addition to the continuation  form. Amendments include, changes in personnel, number of animals used, research methods,  husbandry, manipulations, methods ofeuthanasia, species used, etc.  We are requesting a **continuation** for this project. The project has **NOT STARTED.** (***Please stop here and complete***  ***section V***).    NOTE: A continuation request will allow you to continue your project as ORIGINALLY approved by the IACUC.  ***If, there are changes to the approved protocol, please sumbmit an AMENDMENT form*** in addition to the continuation  form. Amendments include, changes in personnel, number of animals used, research methods,  husbandry, manipulations, methods ofeuthanasia, species used, etc.    We are requesting a **termination** of this protocol. The project is ***now complete***, and no further activities involving  animals will be performed on this protocol. (***Please complete sections II(B), III(3)(4), IV and V***). Submit a copy of  any publications e.g. posters, manuscripts, etc.  We are requesting an **administrative project closure**. This project has been ***inactive or never started***, we have NOT  used any animals, and we have no plans for its continuation. (***Please stop here and complete section V***). | | | | | | |
| **B. Record of Animal Use**  Species: Please choose one of the options below and type in the name of the species used in your project.  **USDA Covered Species**: Type in your species. Note: USDA covered species include *ALL live or dead warm blooded* animals (i.e., dogs, cats, monkeys, guinea pigs, hamsters, rabbits, marine mammals, etc.) in research except birds, rats of the genus Ratttus, and mice of the genus Mus bred specifically for research.  **PHS Covered Species**:Type in your species. Note: PHS covered species include any live vertebrate animal used or intened for use in research training, experimentation, or biological testing or related puposes. This oversight will include rats, mice, horses, farm animals, birds, and fish.  Total Number of Animals Approved (see the original approved protocol):Click or tap here to enter text.  Total Number of Animals Manipulated/Observed (e.g., captured-tagged, captured-released): Click or tap here to enter text.  Total Number of Animals Used (e.g., sacrificed) to Date: Click or tap here to enter text. | | | | | | |
| **III. PROTOCOL INFORMATION UPDATES** | | | | | | |
| 1. **Consideration of Alternatives.** Federal regulations require that investigators considers **new or alternative** techniques or methods are that would allow for **replacement, reduction, duplication or refinement** of animal use. 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 new methods or alternatives to the use of animals become available that may help achieve your specific project aims?   Yes  No  If YES, please explain and justify why the use of these alternatives can not be substituted to achieve your specific aims. | | | | | | |
| * 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 an Amendment. Since the last IACUC approval has anything changed that would allow for a reduction in the animal numbers?   Yes  No  If YES, please explain and justify why these alternatives cannot be substituted to achieve your specific aims   * 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?   Yes  No  If YES, please explain and justify why the use of these alternatives can not be substituted to achieve your specific aims.   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?   Yes  No  If YES, describe the circumstances, causes (if known) and resolution of the problem(s).  **4.** **Personnel.** Have there been any personnel/staff since the IACUC approval was granted?  Yes (please include copies of the determination letters for each of the amendments with this application).  No  **Reminder:** The PI is responsible for ensuring all study personnel have active training certifications for Animal Care and Use via the CITI program.  **5.** **Alternatives to Painful Procedures.** Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve the specific aims of your project?  Yes  No  If YES, please explain and justify why the use of these alternatives can not be used to achieve your specific aims. | | | | | | |

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| **IV. STUDY UPDATE** |
| In this section, please include specific aims you have addressed to date and results obtained or an explanation of why aims have not been achieved or completed. Include references to any publications that have resulted from this research, testing, or training.  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.  Click twice on the X to activate the electronic signature feature. | |
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