# SUNY Downstate Medical Center

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

**Annual Protocol Review Form (check one):**

[ ]  **1st  Annual Review**

[ ]  **2nd Annual Review**

**Submit this completed form with signature and submit to** **IACUC@Downstate.edu**

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| **IACUC use only** |
| **Date submitted:**       **Date approved:**       |

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| **Protocol #:** |        |
| **Principal Investigator:** |       |
| **Department:** |       |
| **Protocol Title:** |       |
| **Funding Source:** |       |
| **Award # & project #:** |       |
| **Species Approved:** |       |

Do you wish to continue the project for an additional year?

**[ ] No** If **NO**, stop here, sign and submit form, check that any animals remaining on the protocol have been transferred to appropriate protocols or euthanized, and the protocol will be closed upon receipt of the form and no animals remain on the protocol.

[ ] **Yes**  If **YES** answer the questions below:

1. Provide a brief summary of your progress over the past year toward the goals described in your protocol. Inclusion of any associated publication citations is encouraged:

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| 1. During the past year, were there any unanticipated adverse events or animal deaths prior to experimental endpoints?

**[ ] No****[ ] Yes** If **YES**, provide a summary of the details:      1. Note that all social species must be socially housed and provided environmental enrichment unless there is an IACUC reviewed and approved scientific justification to do otherwise. Existing exemptions are reviewed annually.
2. Do you currently have an IACUC approved scientific justification to single house animals on this protocol?

[ ]  No, all social species will be socially housed unless they meet one of the [IACUC approved program wide social housing exemptions](http://research.downstate.edu/iacuc/documents/socialhousingexemptionprotocol_amendment2014.docx) that are not scientific or study based.[ ]  Yes. If Yes, do you wish to continue it? [ ]  No [ ]  Yes\*If you wish to modify the justification or restrictions, please submit a [protocol amendment](http://research.downstate.edu/iacuc/documents/protocol_amendment2014rev.docx) to describe these changes for the IACUC to review. 1. Do you currently have an IACUC approved scientific justification for your animals NOT to receive environmental enrichment on this protocol?

[ ]  No, all animals will receive environmental enrichment.[ ]  Yes. If Yes, do you wish to continue it? [ ]  No [ ]  Yes\*If you wish to modify the justification or restrictions, please submit a [protocol amendment](http://research.downstate.edu/iacuc/documents/protocol_amendment2014rev.docx) to describe these changes for the IACUC to review.  |

I hereby certify that the present study is not unnecessarily duplicative of any other experiments and scientifically viable alternatives to category D and E procedures in the protocol are not available. If any changes in the animal care and use procedures for this study are necessary, I will have a protocol amendment form reviewed and approved by the IACUC prior to initiation.

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| **Signature** |
| **Principal Investigator**  | **Date** |

The IACUC continuing review of this project confirms that all procedures with the potential for pain and/or distress are consistent with the *Animal Welfare Act* (United States Code, Title 7, Chapter 54, sections 2131-2159) & *Animal Welfare Regulations* (Code of Federal Regulations, Title 9, Chapter 1, Subchapter A, Parts 1-4).

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| **For IACUC use only** |
| **IACUC Member Reviewer** | **Review Date** |