

**West Texas A & M University & CREET Institutional Animal Care and Use Committee (IACUC)**  
**BIANNUAL REVIEW OF CONTROLLED OR EXPERIMENTAL ANIMAL USE PROTOCOL**

**IMPORTANT NOTE:** The United States Department of Agriculture (USDA) and Public Health Services (PHS) requires the Principal Investigator to submit an annual report for review by the IACUC. **Your annual report is due on the anniversary date of IACUC approval of your study. Failure to submit an annual report on or before the anniversary date of the IACUC approval of your study can result in termination of the protocol approval.** If automatic termination occurs, you will be required to cease all activities with animals used in your study and to submit a new protocol for review and approval. If your protocol has expired and you continue to use animals, this is considered a violation of federal regulations that govern the use of animals in research. Such violations must be reported to the federal government and to university officials. Termination of your research and your funding by the government and/or the university may occur.

**INSTRUCTIONS:** Please complete and submit this form (typed) to Academic Research Environmental Health and Safety:

- E-mail to [AR-EHS@wtamu.edu](mailto:AR-EHS@wtamu.edu)
- Drop off at Killgore Research Center, Room 184
- Mail to Box 60217 Canyon, TX 79016
- Fax to 806-651-2733

### General Information

IACUC Protocol # \_\_\_\_\_ Original Approval Date \_\_\_\_\_  
Principal Investigator \_\_\_\_\_ Dept/Agency \_\_\_\_\_  
E-Mail \_\_\_\_\_ Phone (Office) \_\_\_\_\_ Box # \_\_\_\_\_  
Project Title \_\_\_\_\_  
\_\_\_\_\_

### Section A: Status Report

**During the past year (check one):**

- The study was not active and no animals were used.
  - Proposal should be closed.
  - Proposal should remain open. (Skip to Section D)
- The study was active. (Complete sections B, C, and D.)
- The study completed on \_\_\_\_\_. Please close out protocol. (Complete sections B, C, and D.)
- The protocol will be continued under (replaced by) protocol # \_\_\_\_\_. Please close out protocol. All sections must be completed. (Complete sections B, C, and D.)

**For the next year (check one option, unless protocol is closing):**

- This research will continue without change.
- This research will continue with change. Please complete the IACUC Animal Care and Use Protocol Amendment form to submit with this annual report.

### Section B: Protocol Summary

Please provide a summary of the project to date, avoiding jargon and specialized terminology. Have objectives and specific aims been achieved? Is the continued experimental use of animals needed? Include details from a recent literature search to determine that your experimentation is not duplicative.

## Section C: Animal Use Information (Attach additional copies of this table as necessary.)

	Species #1	Species #2
<b>Species Name</b>		
<b>Number of animals used, previous 12 months</b> (*Refer to approved protocol to determine categories, or review descriptions below this box)	# in Category B: # in Category C: # in Category D: # in Category E:	# in Category B: # in Category C: # in Category D: # in Category E:
<b>Changes in Maintenance Requirements</b>	None Changes Noted in Section B.	None Changes Noted in Section B.
<b>Restraint Procedures:</b>	N/A Yes – Information below: Method: Duration: Frequency: Frequency of Observation: Person(s) Responsible for Observation:	N/A Yes – Information below: Method: Duration: Frequency: Frequency of Observation: Person(s) Responsible for Observation:
<b>Surgical or Invasive Procedure</b>	None      Survival Terminal      Multiple Survival	None      Survival Terminal      Multiple Survival
<b>Disposition of Animals</b>	Euthanization Other:	Euthanization Other:
<b>Method of Euthanization, if Applicable</b>	Person(s) Performing Euthanasia: Drug Name: Route: Dose:	Person(s) Performing Euthanasia: Drug Name: Route: Dose:

**Category B:** Animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery, but not yet used for such purposes.

**Category C:** Animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs.

**Category D:** Animals upon which experiments, teaching, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs will be used.

**Category E:** Animals upon which teaching, experiments, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests.

## Section D: Assurance and Signature

For active and/or continuing protocols, **I certify** that the use of animals has been and/or will be in accord with U.S. Department of Agriculture Animal Welfare regulations, the Public Health Service Policy on Humane Care and Use of Laboratory Animals, the National Research Council Guide for the Care and Use of Laboratory Animals, and the policies established by West Texas A & M University. **I further certify** that no significant change in this protocol will be implemented without prior IACUC approval.

\_\_\_\_\_  
**Signature of Principal Investigator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**IACUC chair**

\_\_\_\_\_  
**Date**