

**CSULB INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
ANNUAL REPORT FORM**

Protocol Title: _____

Protocol Number: _____ Date of Initial Approval: _____ Start Date: _____

Principal Investigator (PI): _____

Department: _____

Campus Email: _____ Phone: _____

1. Summary of Animal Acquisition

Part A. The numbers in this table provided by the IACUC Coordinator (IC) are based on [Animal Purchase Requests](#) and [Animal Transfer Requests](#), and [Quarterly Breeding Logs](#) submitted by the PI to the IC. **Animals are counted only on the protocol to which they are weaned.** *If animals were bred on this protocol, but weaned on to another report, report them in PART C below only.*

Wild caught animals must be reported by the PI in the white areas below.

Species	Name	Strain	Number Approved	Project Year 1	Project Year 2	Project Year 3
Total Number of Animals Approved for this Protocol:						
Remainder:						

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Part B. The IC will fill in the white areas; PI's fill in the blue. *For protocols that include breeding, report numbers regarding breeders. Animals bred on this protocol should only be reported here if they were also weaned on to this same protocol. Report animals weaned onto other protocols in Part C below.*

Disposition of Animals			
	Project Year 1	Project Year 2	Project Year 3
Expended			
Released			
In Residence/Facility			
Other (explain): _____			
Transferred Out to Other Protocols*			
Adopted**			
Total:			

*These numbers are based on [Animal Transfer Requests](#) submitted to the IC by the PI

**These numbers are based on [Animal Adoption Forms](#) submitted to the IC by the PI

Part C. **For Breeding Protocols only.** Report only animals bred on this protocol, but weaned onto another protocol. These animals do NOT count as Animals Expended and/or In-Residence/Facility on the original Breeding Protocol. The numbers reported here should mirror [Quarterly Breeding Logs](#) submitted to the IC.

Animals Weaned to Other Protocols			
Project Year 1	Project Year 2	Project Year 3	Project Total

2. Nature of the Protocol/Study (Check [x] on all applicable items.)

<input type="checkbox"/>	Behavioral testing	<input type="checkbox"/>	Genotyping	<input type="checkbox"/>	Toe clipping
<input type="checkbox"/>	Breeding	<input type="checkbox"/>	Major survival surgery	<input type="checkbox"/>	Vendor performed surgery
<input type="checkbox"/>	Cervical dislocation w/o anesthesia	<input type="checkbox"/>	Minor survival surgery	<input type="checkbox"/>	Wire bottom cage
<input type="checkbox"/>	Decapitation of fetuses or rodent pups	<input type="checkbox"/>	Multiple survival surgeries	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Euthanasia only	<input type="checkbox"/>	Non-survival surgeries		
<input type="checkbox"/>	Field Study	<input type="checkbox"/>	Single Housing		

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3. USDA Project (Pain) Category: C D E (IACUC provides)

4. Protocol Status (Please indicate [x] the status of this project.

Request Protocol Continuance <input type="checkbox"/>		Request Protocol Termination <input type="checkbox"/>	
<input type="checkbox"/>	A. Active – project ongoing.	<input type="checkbox"/>	E. Currently inactive - project initiated but project has not/will not be completed.
<input type="checkbox"/>	B. Currently inactive – project was initiated but is presently inactive.	<input type="checkbox"/>	F. Completed - no further activities with animals will be done.
<input type="checkbox"/>	C. Inactive – project never initiated but anticipated start date is:	<input type="checkbox"/>	G. Protocol ended. Project to continue under a new application number.
<input type="checkbox"/>	D. Project never initiated.		

5. Funding Source Status

6. Progress Report

Present information from the original Protocol Application Sections II A & B (rationale and significance of project and procedures involving animal subjects) as updated by subsequent approved modifications. If the status of this project is 4.A. (active - project ongoing) or 4.B. (currently inactive - project was initiated, but is presently inactive), provide a brief update on the progress made in achieving the specific aims of the protocol.

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7. Problems/Adverse Events Summary

If the status of this project is 4.A. (active; project ongoing) or 4.B. (project was initiated, but is presently inactive), describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated. **Note:** This is a summary of reports made to the Consulting Veterinarian and Animal Care Staff, which are required at the time of the problem or adverse event.

8. Search for Alternatives

Replacement: Alternatives to the use of animals should be considered and used when possible. Since the IACUC approval or last renewal, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims?

Refinement: (Address the following if your project involves USDA Category D or Category E.) Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible. Since the IACUC approval or last renewal, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims?

Reduction: The number of animals authorized under this protocol were justified in the original application and approved. (1) Since the IACUC approval or last renewal has anything changed which affects that justification? Activities involving animals must not unnecessarily duplicate previous experiments. (2) Please provide written assurance that the activities of this project do not unnecessarily duplicate previous work.

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9. Protocol Personnel Summary

The IC will complete this section based on Protocol Personnel Forms submitted by the PI. Please provide the IC with any updates or corrections.

Name	Role	Date Added

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10. Certification of the Principal Investigator

Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.

Signature of PI: _____ Date: _____

If this form is submitted electronically through the PI's email or IRBNet account that is considered a valid electronic signature.