**Protocol Title**: *\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Protocol Number**: **Date of Initial Approval**: \_ \_\_ Start Date: \_\_\_\_\_

**Principal Investigator (PI)**:

**Department**:

**Campus Email**: **Phone**:

## Summary of Animal Acquisition

Part A. The numbers in this table provided by the IACUC Coordinator (IC) are based on [Animal Purchase Requests](http://web.csulb.edu/divisions/aa/research/compliance/animals/documents/AnimalPurchaseRequestForm2.doc) and [Animal Transfer Requests](http://web.csulb.edu/divisions/aa/research/forms/documents/Animal_Transfer_Request.doc), and [Quarterly Breeding Logs](http://web.csulb.edu/divisions/aa/research/compliance/animals/InHouseBreedingRecordLog.xlsx) 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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Number of Animals Approved for this Protocol**: | | |  |  |  |  |
| Remainder: | | | |  |  |  |

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](http://web.csulb.edu/divisions/aa/research/forms/documents/Animal_Transfer_Request.doc) submitted to the IC by the PI  
\*\*These numbers are based on [Animal Adoption Forms](http://web.csulb.edu/divisions/aa/research/forms/documents/Animal_Adoption_Form.doc) 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](http://web.csulb.edu/divisions/aa/research/compliance/animals/InHouseBreedingRecordLog.xlsx) submitted to the IC.

|  |  |  |  |
| --- | --- | --- | --- |
| **Animals Weaned to Other Protocols** | | | |
| **Project Year 1** | **Project Year 2** | **Project Year 3** | **Project Total** |
|  |  |  |  |

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

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

|  |
| --- |
| USDA Project (Pain) Category: [ ] C [ ] D [ ] E (IACUC provides) |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Request Protocol Continuance | | Request Protocol Termination | |
|  | 1. Active – project ongoing. |  | E. Currently inactive - project initiated but project has not/will not be completed. |
|  | 1. Currently inactive – project was initiated but is presently inactive. |  | F. Completed - no further activities with animals will be done. |
|  | 1. Inactive – project never initiated but anticipated start date is: |  | G. Protocol ended.  Project to continue under a new application number. |
|  | 1. Project never initiated. |  | |

## Funding Source Status

## Progress Report

Provide a brief update on the progress made in achieving the specific aims of the protocol.

## 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.

## 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 unnecessary duplicate previous work.

**9. 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.*