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| FOR IACUC OFFICE USE ONLY |
| **DATE RECEIVED:** |  |

***Northeastern University***

Institutional Animal Care and Use Committee (NU-IACUC)

**Telephone:** 617-373-3958 **Email:** iacuc-office@northeastern.edu

**Website:** <https://research.northeastern.edu/animalcare/>

**ANIMAL PROTOCOL ANNUAL REVIEW FORM**

To comply with USDA Animal Welfare Act, the Designated Review Committee of the NU-IACUC must annually review all active animal protocols. Please check all boxes that apply and provide all pertinent information. Use additional pages as necessary. Please email the completed form to iacuc-office@northeastern.edu..

Year 1 [ ]  Year 2 [ ]

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| **I. GENERAL INFORMATION** |

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| --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR:** |  | DEGREE(S): |  |
| ACADEMIC POSITION/TITLE: |  |
| DEPT/DIV: |  |
| E-MAIL ADDRESS: |  |
| DIRECT PHONE #: |  | CELL PHONE # |  |
|  |
| PROTOCOL # and TITLE: |  |

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| **I. PROTOCOL STAUS** |

**For applicable checkboxes, double-click on the box and then select “checked” to mark,** and then complete the relevant sections of the amendment form to describe changes or additions to your original protocol. Not all sections in the amendment form are relevant for each type modification.

[ ]  This Protocol is Active

[ ]  This Protocol Has Not Been Activated-*No animals have been used with this project*.

[ ]  Terminate Protocol-*Please note that once this protocol is terminated, no animals may be used under this project and no animals may be housed under this protocol.*

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| **II. PROTOCOL CHANGES** |

[ ]  **No**: There are no changes needed at this time This Protocol is Active

[ ]  **Yes**: There are changes needed for this protocol. (if Yes, please attach a completed Supplement A, Protocol Amendment Form or Supplement P, to add personnel). *Examples of a protocol change are addition of personnel, number of animals used, species of animal used, and procedures used.*

**Note: Changes to this protocol may not be initiated until they have been fully approved by the IACUC.**

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| **III. ANIMAL BREEDING**  |

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| **A. Was there animal breeding over the past one year:** [ ]  YES [ ]  NO(List the total number animals generated/bred since the last review): |
| Species | Number Bred |
|  |  |
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| **B. Total Number of Animals Generated/Bred That were Used in Research Experiments from Above Since Last Review** |
| Species | Number Bred |
|  |  |
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| **C. Was there Fish/Amphibian breeding over the past one year:** [ ]  YES [ ]  NO(List the total number fish/amphibians hatched/generated since the last review): |
| Species | Number Hatched/Generated |
|  |  |
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| **D. Total Number of Fish/Amphibians Used in Research Experiments from Above Since Last Review (required reporting on all aquatics protocols):** |
| Species | Number Used |
|  |  |
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| **E. Total Number of Eggs or Embryos Used/Collected since last review (required for reporting on all aquatics protocols):** |
| Egg/Embryo | Species | Number Used |
| [ ]  Egg [ ]  Embryo |  |  |
| [ ]  Egg [ ]  Embryo |  |  |

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| **IV. PERSONNEL DELETION** |

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| **Personnel Deletion:** (*list names of all personnel deleted from or no longer are working on this project)***:**  |
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| **V. UNEXPECTED PROBLEMS**  |

Per regulations, the items listed below must be approved by the IACUC. Please mark the correct box and provide the requested justification in the text box.

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| Have any unanticipated problems with the health and well-being of the animals on this protocol that were not described in the original submission? [ ]  No[ ]  Yes. Please detail and include actions taken for resolution below or as an attachment on a separate sheet. |
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| **VI. PRINCIPAL INVESTIGATOR ASSURANCE OF COMPLIANCE** |

**As the individual responsible for this project, I confirm that:**

[ ]  *I accept responsibility for ensuring that all personnel involved in this project will be trained regarding any potential chemical hazards, relevant safety practices and emergency procedures. I confirm that the relevant DLAM/OARS Safety Plan(s) will be followed.*

[ ]  *I accept responsibility for ensuring that all personnel involved in this project will be trained regarding any potential biological hazards, relevant safety practices, and emergency procedures. If applicable, I confirm that all relevant Institutional Biosafety Committee requirements will be followed.*

[ ]  *No change will be made to procedures, care, or housing without prior written notification to and approval by the Institutional Animal Care and Use Committee (IACUC).*

[ ]  *I understand that it is non-compliant to release an IACUC approval date without documentation of a congruency comparison conducted by the IACUC Office. For more information, please see the* [*Policy on Requiring a Congruency Comparison Prior to Release of IACUC Approval Dates.*](https://research.northeastern.edu/app/uploads/sites/5/2023/03/Policy-on-Requiring-a-Congruency-Comparison-Prior-to-Release-of-IACUC-Approval-Dates-Final-2022.docx)

[ ]  *I understand that failure to comply with IACUC policies and procedures will jeopardize Northeastern University’s Animal Welfare Assurances on file with the NIH, and may lead to revocation of my privileges to conduct animal research at this institution.*

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| Principal Investigator (*provide* *electronic signature*) |  | Date |

*By typing your name you are submitting an electronic signature that confirms your understanding and adherence to the above statements and IACUC policies. This is considered legal documentation and confirmation of your agreement to execute all activities as approved.*

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| **VII. ANIMAL NUMBERS VERIFICATION (IACUC USE ONLY)** |

Year 1 [ ]  Year 2 [ ]

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| --- | --- | --- | --- | --- |
| Species Approved for |  |  |  |  |
| # Animals Approved |  |  |  |  |
| # Animals Used |  |  |  |  |
| # Animals Remaining |  |  |  |  |

|  |  |
| --- | --- |
| Approved for Surgery? | [ ]  Yes [ ]  No |

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| NOTES: |
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|  |   |  |
| IACUC APPROVAL/REVIEWER  |  | Date |

Rev: 03/2023