

SOUTHERN CONNECTICUT STATE UNIVERSITY

ANNUAL REVIEW of ANIMAL PROTOCOL

All approved animal protocols are valid for three years. However, Public Health Service (PHS) Policy, the Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act (9 CFR Subchapter A Part 1, Section 2.31.d.8.xi.c.9) and University policy require that all animal use be reviewed annually by the Institutional Animal Care and Use Committee (IACUC). Animal numbers must be justified on an annual basis whether or not you are requesting a change.

Please complete the justification for number of animals requested for the coming year if this is an ongoing project.

This form also allows requests for changes in existing protocols to be presented to the committee without substantial re-writing of the existing protocol. Please return a signed copy of this form to the IACUC Chair.

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|---------------------------------------|--|
| I. Protocol No.: | |
| II. Title: | |
| III. Pain & Distress Level | |
| IV. Investigator: | |
| V. Phone Extension: | |

I. I assure the SCSU IACUC that (check one):

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|---|--|
| No additional work is planned using this protocol | |
| There are no significant changes to my protocol and I foresee no significant changes during the coming year | |
| Changes are planned or have occurred in my protocol <i>(Please complete a significant change form to accompany this request)</i> | |

II. Justification for animal use

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|---|--|
| Species: | |
| Number of animals previously approved: | |
| Number of animals used last 12 months: | |
| Number of animals requested for next 12 months: | |

Narrative justification of animal #'s requested:

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III. Signatures

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|-------------------------|--|-------|--|
| Principal Investigator: | | Date | |
| Department Chair: | | Date | |
| IACUC Chairman: | | Date | |
| Attending Veterinarian: | | Date: | |

1/2003