**ANNUAL REVIEW FORM**

*Send completed forms to* [*iacuc@liberty.edu*](mailto:iacuc@liberty.edu)

An *Annual Review Form* must be submitted to the IACUC by the Principal Investigator every year to request continuation of an IACUC study, even if no animals have been used during the reporting period. If the protocol is in its third year, a new protocol form must be submitted.

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| **PROTOCOL INFORMATION** |
| **Project Title:** |
| **Protocol #:** |
| **Principal Investigator:** |

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| **PROTOCOL STATUS** |
| **Continuing**, until:       *(Enter Expected Completion Date OR “Next 3 Year Renewal”)* |
| **Expired**, as of:     *(Enter Date of Expiration)* |
| **Completed**, as of:       *(Enter Date of Completion)* |
| **Terminated\***, as of:       *(Enter Date of Termination)* |

*\*If the project has been terminated, no further animal work may continue on this study, and all animals in the protocol must be moved to another appropriate, approved, and active protocol. Otherwise, the animals must be euthanized by the approved method listed in the protocol. Sign and date the bottom of this form, you do not need to complete the remainder of the form; please complete and submit a Protocol Closure Form.*

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| **PROTOCOL REVIEW QUESTIONS** |
| **Has the species of the animal changed, or is it expected to change?**  No  Yes *(If not already approved, complete and submit a Protocol Amendment Form)* |
| **Has the number of animals changed, or is it expected to change?**  No  Yes *(If not already approved, complete and submit a Protocol Amendment Form)* |
| **Have you made or plan to make changes in the methods or procedures used?**  No  Yes *(If not already approved, complete and submit a Protocol Amendment Form)* |
| **Has the Principal Investigator for this project changed, or is it expected to change?**  No  Yes *(If not already approved, complete and submit a Change in PI Form)* |
| **Have there been changes in any other personnel assigned to the protocol?**  No  Yes *(If not already approved, complete and submit a Personnel Amendment Form)* |
| **Were multiple survival surgeries on a single animal completed as part of this protocol?**  No  Yes *(If not already approved, complete and submit Appendix D)* |

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| **ANIMAL USAGE** | |
| **Species Used:** | **Total Number Approved:** |
| **Number Used to Date:** | **USDA Pain Category:** |

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| **ADVERSE EVENTS** |
| **Have there been any unanticipated adverse events?**  No  Yes *(Complete the questions below)* |
| **Number of Adverse Events:** |
| **Describe the Event(s):** |

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| **MORBIDITY & MORTALITY** |
| **Has there been any unexpected morbidity or mortality?**  No  Yes *(Complete the question below)* |
| **Describe the cause(s), if known (if unknown, state “unknown”):** |

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| **SUMMARY & OBJECTIVES** |
| **Summarize your research over the last year, and note any key developments:** |
| **Describe your research objectives/goals for the upcoming year:** |

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| **CERTIFICATION** | |
| By checking this box, I certify that the use of all animals involved in this project will not be subjected to pain and distress without the use of appropriate use of anesthetics, analgesics, or tranquilizing drugs and that the project will be carried out to the best of my knowledge within the Animal Welfare Act, and PHS Policy. I further certify that:   * Any change(s) from the existing protocol will be forwarded to the IACUC for approval prior to their implementation. * Any unanticipated adverse events will be promptly reported to the IACUC for review before research continues. * Only properly trained, IACUC-approved individuals will participate in this research. * Animals will not be transferred between investigators without IACUC approval. | |
| Principal Investigator: | Date: |