

## Animal Care and Use Continuing Review Form

Federal regulations require that all approved protocols involving animals be reviewed by the IACUC at least annually. Complete each question on this form and return to: Dr. Tracey L. Poston, Office of Research, University of Notre Dame, 511 Main Building, Notre Dame, IN 46556, by **xxxxxx**.

**Please return this form even if the project is completed.**

**IMPORTANT:** Each question must be answered. Incomplete forms will not be accepted and will be returned to the principal investigator. Failure to return the form by the above deadline **WILL** result in an interruption of your research on this study and/or termination of this study.

**Investigator:**

**Protocol Number:** \_\_\_\_\_

**Study Title:**

1. What is the status of the activities proposed in this animal study?  
 Ongoing       Completed       (If completed box is checked, this application form will be terminated).
  
2. Have there been changes/additions in any of the following which are not described in the approved protocol or an amendment:
 

<input type="checkbox"/> Personnel <input type="checkbox"/> Anesthesia/Analgesia <input type="checkbox"/> Surgical Procedures <input type="checkbox"/> Non-surgical Procedures (including compounds administered, tissue/blood sampled, routes of administration or sampling). <input type="checkbox"/> Perioperative Care (Pre-, Intra-, or Post-Operative). <input type="checkbox"/> Source or Method of Animal Acquisition	<input type="checkbox"/> Euthanasia <input type="checkbox"/> Species, Strain, or Genotype <input type="checkbox"/> Number of Animals Needed
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If any boxes are checked, attach a sheet with a complete description of any changes/additions to the approved protocol or amendments; this description will serve as an amendment.

Please list names of those currently conducting work under this IACUC protocol:

Person(s)	Cat A	Cat B	Training Yes/No

3. Have you encountered any problems while conducting this study (e.g., problems with animal health, anesthesia, procedures, etc.).

- No
- Yes (If yes, please describe nature of problem and how it was addressed)

4. Below are the number of each species approved for this study. For each species, provide the number of animals used since the last review, and the total number used since the protocol was last approved.

Species	#Approved	Used in Last 12 Months	Total used to date

**Investigator's signature** \_\_\_\_\_

**Date**

**For IACUC Use Only**

- The continuing review of this ongoing protocol for use of animals has been reviewed and approved by the University of Notre Dame Institutional Animal Care and Use Committee.
- The continued review of this protocol for the use of animals has been reviewed and disapproved by the University of Notre Dame Institutional Animal Care and Use Committee.
- The closing report of this terminated protocol for use of animals has been reviewed and accepted by The University of Notre Dame Institutional Animal Care and Use Committee.

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IACUC Reviewer signature

\_\_\_\_\_  
Date