

IACUC Annual Protocol Renewal Form for Continuing Projects

CHARLES RIVER CAMPUS

IACUC Protocol Number Principal Investigator Phone

Lab. Building & Room Number Project Title

A. Please provide the following information regarding any grant(s) and its/their status:

Funding Source	Status/Date of Award	Grant Number if funded. BU account # if no grant number.

PLEASE NOTE: The terms and conditions of many grants require that IACUC approval of the project remain current, regardless of whether or not animal work is active. A lapse in IACUC approval could result in restriction of research activities or expenditures by the granting agency.

B. With regard to the above previously approved project, has there been, or do you anticipate any change in:

Please State

YES	NO	
		1. Animal species utilized
		2. Surgical procedures
		3. Non-surgical procedures
		4. Biohazardous materials
		5. Number of animals
		6. Any other significant changes
		7. The location of animal use
		8. Animal housing needs
		9. Personnel (including Teaching Fellows)

PLEASE NOTE: If the answer to any of the above questions is "Yes," an **Amendment Form** or **Personnel Amendment Form** must be submitted along with a revised protocol to the IACUC for review and approval *prior* to work being conducted.

C. Please verify that all species will be socially housed both before and after the planned experiments. If social housing is not appropriate or possible, then a justification must be added to the description of the experiment in the protocol.

D. Unless specifically described in your protocol, did any event occur that was not anticipated by your protocol which affected animals on the protocol and had a negative impact on health or animal welfare? YES NO

If yes, please describe these events which may include: unanticipated deaths or clinical signs, unexpected study results, or a phenotype that negatively impacts the welfare of an animal.

E . Please provide a brief summary of the major findings from this project over the last year and any publications arising from this work:

Signature of P.I. or Instructor

Date

Please return this completed form to the IACUC Office at IACUC@bu.edu.