**IACUC Annual Review Form**

Approved protocols for the use of animals in research and teaching must be reviewed by the UNCG IACUC each year. Please complete this form and return to the ORI.

**Emailed applications can be sent to** **ori@uncg.edu** **and must include signatures and all other applicable documents related to the study. (These documents can also be faxed or scanned.) Hard copies can be hand delivered or sent via campus mail to 2718 MHRA.**

**Section A**: **Study Information and Animal Numbers**

Protocol Number:       Protocol Approval Date:

Title:

Principal Investigator:

Department:       Telephone #:

Email:

Number of Animals: Species:

 Total Approved:

 Total Used to Date:

**Section B: Current Status of the Project**

[ ]  All animal-related experimentation has been completed.

[ ]  A continuation of the protocol as previously approved is anticipated with no change to procedures involving laboratory animals.

\*Tri-annual resubmission — All IACUC approvals expire after three years and a new application must be submitted to continue research.

Have there been any unanticipated problems/adverse events since approval or the previous annual review? If so, please explain here or include an addendum.

**Section C: Occupational Health**

UNCG requires individuals who have been issued a medical clearance to work with animals to submit a follow up medical questionnaire prior to the annual review. The purpose of this evaluation is to provide early identification of any conditions that may present an increased risk of adverse health effects resulting from working with animals. The questionnaire is evaluated by UNCG Student Health Services for a nominal fee approximately $15 for faculty and staff with currently enrolled students free of charge.

**Do all researchers listed on the study have current occupational health clearances (dated within the past year)?**

[ ]  Yes [ ]  No *(your annual review will not be approved until this is completed)*

*If you have changes at this time, please submit a separate IACUC amendment form.*

Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Action by IACUC\_\_\_\_\_\_\_\_\_\_\_\_\_