**** Protocol #: protocol #

 Approval Date: app. date

Institutional Animal Care and Use Committee

1. **ADMINISTRATIVE DATA**

 Expiration Date: exp. date

**ANNUAL RENEWAL PROTOCOL FORM**

Today’s Date: Click or tap here to enter text.

Principal Investigator Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email: Click or tap here to enter text.

Project Title: Click or tap here to enter text.

Is this animal research funded? [ ]  Yes [ ]  No

Funding Agency: Click or tap here to enter text.

Funding Award Title: Click or tap here to enter text.

Award/Contract/Grant Number: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Check One:** |  |
| Animal Study is active (complete sections B, C, & D, assign and submit this form) |[ ]
| Funding and/or start of research are pending. Plan to keep project active. (complete Sections B & C, sign and submit this form) |[ ]
| Animal Study Research will not continue beyond the annual renewal date. (complete Sections D & E, sign and submit this form as a final progress report) |[ ]
| Proposal was not funded, no animals used and/or research will not begin. Closing protocol files. (sign this form) |[ ]

1. **JUSTIFICATION**

Click or tap here to enter text.

Please provide a brief justification summary detailing why this work is important and should continue.

1. **KEY PERSONNEL**

List all the names of all individuals authorized to conduct procedures involving animals under this proposal and identify key personnel (e.g., co-investigator(s), providing their department, telephone, email and training.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role(s) e.g. handling, surgery, care, euthanasia | Training | Department | Email |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

1. **NUMBER OF ANIMALS USED**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Animals: | **Proposed** | **Actual** |  |
| Year 1: |  |  |
| Year 2: |  |  |
| Year 3: |  |  |
| Total: |  |  |

Click or tap here to enter text.

1. **FOR FINAL PROGRESS REPORT ONLY**

Please summarize experiments conducted on animals in the past year and include a brief summary of findings. List any amendments approved. Provide justification for any variations in number of animal proposed and actual number used. If more space is needed, you may attach a Word document to this submission.

Click or tap here to enter text.

Please describe the disposition or proposed disposition of animals:

**PRINCIPAL INVESTIGATOR ASSURANCES**

Year

1. I certify that I have completed the institutionally required investigator

training course. For more info, [click here](https://www.montclair.edu/iacuc/research-training-and-certification/). Year of course completion:

1. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.
2. I certify that all individuals working on this proposal who are at risk are participating in the

Institution's Occupational Health and Safety Program.

1. I certify that the individuals listed in the Personnel section are authorized to conduct procedures involving animals under this proposal, have attended any institutionally required investigator training course, and received training in: the biology, handling, and care of this species; aseptic surgical methods and techniques (if necessary); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if necessary); and procedures for reporting animal welfare concerns.
2. For all USDA Classification D and E proposals (see section I.1.): I certify that I have reviewed the pertinent scientific literature and the sources and/or databases as noted in Section I.1. and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress, whether it is relieved or not.
3. I certify that I will obtain approval from the IACUC before initiating any significant changes in this study.
4. I certify that I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC.
5. I certify that I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies.
6. I certify that I will provide members of the IACUC access to all animals and any documentation/records upon request.

Date: Click or tap here to enter text.

PI Signature: Click or tap here to enter text.