UNIVERSIDAD DE PUERTO RICO, ARECIBO
COMITÉ INSTITUCIONAL PARA EL CUIDADO Y USO DE ANIMALES
P.O. Box 4010 Arecibo P.R. 00614
Carr. 653 Km. 0.8 Sector Las Dunas, Arecibo

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
ANNUAL REVIEW FORM

I. Administrative information

Protocol Title:			
IACUC Number:		**Date of Initial Approval:**	
Principal Investigator:		**Department:**	
Campus Address:		**Phone:**	

II. Record of animal usage per year

Species (Common and Scientific Name)	Total # Approved	Protocol Year	# Used to Date				
			Sex (M/F)	Weight (age)	Approved	Added by Amendment	Total Used
		Year 1					
		Year 2					
		Year 3					
Total number of animals for three years of the study (If they are the same animals during the whole study period, please specify)							

III. Nature of the protocol/study (check [x] all applicable items)

[ ]	Survival (Chronic) Study	[ ]	Prolonged Restraint	[ ]	Inducement of a Disease State
[ ]	Terminal (Acute) Study	[ ]	Neuromuscular Blockers	[ ]	Inducement of Behavioral Stress
[ ]	Multiple Surgeries	[ ]	Antibody Production	[ ]	Blood/Tissue Collection
[ ]	Transgenic Breeding	[ ]	Other (Please explain):		

IV. Project Status
(Check [X] applicable items.)

[ ]Active [ ]Inactive [ ]Project Never Initiated

V. USDA Project Pain Category
(Check [X] applicable items)

[ ]C [ ]D [ ]E

VI. Funding Source (Please specify the funding source)

VII.	**ALTERNATIVES TO ANIMAL USE.** Alternatives to the use of animals should be considered and used when possible. Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims?	[ ] NO [ ] YES
VIII.	**ALTERNATIVES TO POTENTIALLY PAINFUL PROCEDURES.** (Address the following if your project involves USDA Category D or Category E.) Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible. Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims?	[ ] NO [ ] YES

IX. Brief Summary of Annual Renewal Application

1. **State whether there were any delays or problems in meeting your study objectives in the proposed time frame. [ ] NO [ ] YES**

2. **Within your objectives or aims from your proposal, describe briefly where you are today, explain at which point of the investigation's aim are you in at the present moment. What is the status of your objectives?**

X. Request protocol termination	XI. Modifications
[ ] No [ ] Yes Reasons: [ ] Inactive – Project never initiated [ ] Currently Inactive – Project initiated but project has not/will not be completed. [ ] Completed – No further activities with animals will be done.	[ ] No [ ] Yes (Include Minor Modification Request Form or the Animal Study Proposal Form if it's a major modification

XII. Additional personnel that will handle animals

List 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 and e-mail).

Name	Department	Telephone	E-mail

CERTIFICATION OF THE PRINCIPAL INVESTIGATOR. Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching, or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.

Signature:	Date: