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| **INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**  **Annual Project Update** |
| |  |  |  |  | | --- | --- | --- | --- | | IACUC Ref. No.: | <Please Specify> | Project Start Date: | DDMMMYYYY | | IACUC Approval Date: | DDMMMYYYY | Project End Date: | DDMMMYYYY | | Principal Investigator: | <Please Specify> | Form Submission Date: | DDMMMYYYY | | Project Title: | | | | | <Please Specify> | | | | |
| Please note that this form is only meant for the purpose of updating project/study. For study extension, change in procedures/personnel, increase in animal numbers etc., you are required to submit an amendment request by amending your last approved IACUC protocol and submit it for IACUC's approval. |
| **Please complete the following information:** |
| **(i) Has the project started?** |
| Yes  No |
| **Will you be able to complete by the approved project end date?** |
| Yes  No |

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| **(ii) a) Number of animals approved.** |
| |  |  |  | | --- | --- | --- | | **Species:** | <Please Specify> | **Total** | | Number of animals approved | |  | | **Total** | |  |   *\*Add more rows if required.* |
| **b) Actual number of animals used in the reporting.** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Species** | **Year 1** | **Year 2** | **Year 3** | **Year 4\*** | **Year 5\*** | **Total** | |  |  |  |  |  |  |  |   \*Indicate NA if not applicable  *\*Add more rows if required.* |

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| **(iii) Was there any change in personnel involved in the study that have not been approved?** |
| <Please Specify> |
| **(iv) List all publications, scientific presentations, press releases and IPs arising from the project since last report.** |
| <Please Specify> |
| **(v) Was there any unexpected animal deaths or outcomes since last report?** |
| <Please Specify> |
| **(vi) Give a summary of the results and conclusions since the last update.**  **Please attach relevant documents where necessary.** |
| <Please Specify> |

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