

Protocol Number _____

Approval Date _____

Next Annual Renewal Date _____

Next Full Renewal Date _____

**ANNUAL RENEWAL APPLICATION FOR APPROVAL TO USE
VERTEBRATE ANIMALS IN RESEARCH
Institutional Animal Care and Use Committee
Western Colorado University**

Federal Regulations require that all protocols involving the use of animals be reviewed annually by the IACUC. Protocol approvals are valid for three (3) years, but have to be renewed at the end of the first and second year. This form is to be completed when the protocol has been approved as a new application within the last three years by the IACUC. If you have any questions about completing the form, please contact the IACUC at (970)943-2057

Please note that the IACUC will not approve renewal applications until all individuals listed as working on the protocol have completed the required training and occupational health programs.

Please return the form to the IACUC office at least 10 days prior to your protocol's expiration date. Failure to complete and return this form by the deadline date will result in the suspension of your protocol and your ability to order animals.

Briefly describe the animal procedures and significance included in this project using language for non-scientific personnel. This page is posted on the animal room door for animal care staff and must be clear and understandable to the staff.

If the protocol has been terminated, please complete question 3 and return this form to the IACUC.

- 1. Principal Investigator:** _____
 School: _____
 Campus Address: _____
 Phone: _____
 Email Address: _____

- 2. Protocol Title:** _____
 Source of Funding: _____
 IACUC Protocol #: _____
 Date of Last Full Review: _____

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3. Protocol Status: *Please Indicate (X) the Status of this project.*

- Active- project ongoing
- Currently Inactive- project was initiated but is presently inactive
- Inactive- project never initiated but anticipated start date is: _____
- Work completed/project terminated

**4. Animal Usage:
Animal Classifications and Numbers**

Species	Total Number of Animals Approved	Total Animals used on Protocol (To Date)

5. Problems/Adverse Events:

Describe any unanticipated adverse events, morbidity, or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.

None Yes

If Yes please describe-

6. Alternatives to Animal Use:

Since your last IACUC approval, have alternatives in the use of animals become available that could be substituted/used to achieve your specific project goals?

No Yes

If Yes list alternatives-

7. Protocol Changes

Are any changes planned regarding this protocol? *Changes in funding source, protocol title, method of euthanasia, use of additional animals, etc.*

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No Changes Changes are planned

If changes are planned, the Amendment Form must be completed.

8. Change of Individuals Involved in the Study*

Please provide the following information regarding any individuals added/deleted from the original protocol:

NAME	UCM ID	POSITION TITLE	PROJECT ROLE	EMAIL	PHONE#	Add / Delete
*It is the Principal Investigator's responsibility to insure that all project personnel have received appropriate training. Throughout the year, to request additions or subtractions to your protocol list should be communicated to the IACUC at the time of change.						

9. Training

Since the last IACUC approval, have all of the staff listed as involved in animal handling, euthanasia, surgery, etc completed training either online or by Laboratory Animal Resource Center staff and demonstrated proficiency in these areas?

No Yes

If NO, training must be completed. Please go to www.citiprogram.org to obtain training. Continuing approval will not be granted until training has been completed by all investigators and staff listed as involved with animal research procedures.

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10. APPLICANT'S CERTIFICATION:

1. I agree to abide by all Western Colorado University policies and procedures regulating the use of vertebrate animals in research; by the provisions of the NIH Guide for the Care and Use of Laboratory Animals; and by all other applicable laws, policies, and regulations governing the use of animals in research.

2. I declare that all experiments involving live animals will be performed under my supervision. All participants are qualified and have been trained in proper surgical procedures, post-procedural management, analgesics and euthanasia to be used in this project.

3. I certify that this application accurately reflects all procedures involving animal subjects described in the proposal submitted for the support of this project. Any proposed revision to or variation from this application as approved will be promptly forwarded to the IACUC office for review and approval.

4. I understand that if I cannot be contacted in the event that animals in this project show evidence of distress, illness or pain, emergency care will be administered at the discretion of the veterinary medical staff.

Date:	
Investigator Name:	