University of Wisconsin Whitewater | Office of Research and Sponsored Programs

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
ANIMAL STUDY PROTOCOL ANNUAL REPORT and CONTINUING REVIEW FORM

The Office of Laboratory Animal Welfare (OLAW) and the Public Health Service (PHS) require that IACUC shall conduct continuing reviews no less than annually. Please complete the following sections and return this form to the Office of Research and Sponsored Programs ORSP@UWW.EDU.

A. ADMINISTRATIVE DATA

Department:	
Principal Investigator:	
Campus Address:	
Telephone:	Email:
Project Title:	
Protocol Number	Expiration Date:

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

Department:	
Co-Investigator:	
Campus Address:	
Telephone:	Email:
Project Role:	

Please also provide a list of students authorized to conduct procedures involving animals under this protocol (names only)

Student Name:
Student Name:
Student Name:
Student Name:

B. STATUS OF PROJECT

☐ Ongoing. I have attached a summary of results to date.	Estimated completion date:
☐ Completed. I have attached a summary of project results	

☐ Not Applicable	Research project cancelled. There is no need to conduct a continuing review.
☐ Pending	Research project not yet started. Anticipate start date:

C. PROTOCOL MODIFICATIONS

Have you made any changes to your protocol?

☐ No	☐ Yes	If yes, attach the IACUC protocol modification approval.

D. PRINCIPAL INVESTIGATOR CERTIFICATION

PRINT NAME: SIGNATURE: DATE:

FOR IACUC USE ONLY

E. CONTINUING REVIEW DECISION

☐ Animal Study Proposal is **APPROVED** to continue.

☐ Renewal is **APPROVED** contingent upon modifications as described below. [Attach a separate document, if needed]

☐ Requires **FULL BOARD REVIEW** and will be included on the next IACUC agenda:

☐ **RESUBMIT** with modifications/additional information as described below. [Attach a separate document, if needed]

REVIEW OF PROTOCOL MODIFICATIONS (AND/OR CONDITION FULFILLMENT)

I have reviewed the modifications to the protocol renewal and determined that the modified protocol is

☐ is **APPROVED.** ☐ must be **RESUBMITTED** with modifications as described below. [Attach a separate document, if needed]

REVIEW AUTHORIZATION (IACUC CHAIR/DESIGNEE)

PRINT NAME: SIGNATURE: DATE:

☐ I concur.	☐ I disagree for the following reasons: ☐ See attachment for details:

REVIEW AUTHORIZATION (IACUC VETERINARIAN)

PRINT NAME: SIGNATURE: DATE: