**Form 6 – Annual Progress Report**

**Instructions:** This application is used for the annual progress report of an approved animal protocol. Please complete all applicable fields and return via email to iacuc@marian.edu. Active protocols that are not supported by annual report are subject to disqualification at the discretion of a majority vote of the

IACUC.

Note: Renewal of an approved animal protocol requires submission of a new application. If

modifications to the protocol are required at this time, please complete an amendment form. Amendment requests must be submitted separately – no changes to the approved protocol can be made on Annual Progress Report form.

**Part 1: Protocol & Primary Investigator** **Information**

1. Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Department and College/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Office Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Status & Update**

1. Is this protocol in active use or inactive?

: Active.

: Inactive.

2. Have any adverse or unanticipated events occurred during the last year of protocol approval? Adverse or unanticipated events include pain, distress, morbidity, and mortality observed in the study animals.

: No.

: Yes.

If yes, how were they managed and what steps were taken to prevent recurrence?

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3. Please describe the progress made on the study to date. Include publications, presentations, papers in progress, etc., if applicable:

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4. Indicate the number of animals used in approved procedures during the last project year (since the last review):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species | Category B | Category C | Category D | Category E |
|  |  |  |  |  |

5. Has a change in experimental design or technique resulted in the use of fewer animals than originally proposed (reduction in animal numbers or replacement of the live animal model)?

: No.

: Yes.

If yes, please describe.

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6. Have any refinements been made to the study to minimize potential pain, distress and discomfort in the animals?

: No.

: Yes.

If yes, please describe.

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6. Have all animal care and handling personnel completed all required training regarding animal handling and procedures?

: No.

: Yes.

Please indicate who performed the training.

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