**The University of North Carolina at Pembroke**

**Institutional Animal Care and Use Committee**

**Annual Protocol Update Form**

Protocols must be reviewed annually. Your Annual Protocol Update Form must be approved prior to the expiration of your originally approved protocol. Submit your Update Form to the Chair of the UNC Pembroke IACUC *at least ten business days prior to protocol expiration*.

Protocol Number:

Protocol Title:

Principal Investigator(s):

Original Approval Date:

Is your animal use protocol still active?

If yes, list names of all personnel still active on the study.

How many animals (of each approved species) were used as part of this protocol during the previous project year? This includes all animals used for breeding (e.g., breeders, all offspring produced, etc.)

Species 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the previous project year, were there any unexpected problems or complications? (*Indicate which of the three scenarios below*)

* No protocol problem(s)/complication(s) occurred since the last review.
* Protocol problem(s)/complications(s) occurred since the last review and was/were reported to the IACUC.
* Protocol problem(s)/complications(s) occurred since the last review and was/were NOT reported to the IACUC. (*please attach a description below*)

Have there been any changes in the animal component of the project (i.e., modifications in the anesthetic protocol, surgical procedures, number or nature of animal manipulations, euthanasia procedure, experimental procedures, number of animals needed, animal care or housing? (*Indicate YES or NO below*)

* YES If yes, please submit these changes to the IACUC via Protocol Modification Form.
* NO

Remember, ANY changes in the care and use of animals involved in this protocol that would affect animal welfare must be promptly forwarded to the IACUC for review. Such changes must not be implemented until approval is obtained from the IACUC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of PI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

IACUC Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: