

FORM F

ANNUAL REVIEW FORM

INSTRUCTIONS

The following Annual Review must be completed and returned for consideration by the IACUC. Please be aware that under IACUC procedures you must have each Animal Care and Use Application FORM(A-E) (referred to as the FORM) approval renewed each year and a complete review is required every 3 years during the term of your use of animals. Triennial Reviews (3rd year) will require the submission of a "new" FORM (A-E). The IACUC bases the review dates on the approval date of the FORM. The use of the term "project" in the document refers to any work with animals requiring a FORM A-E

Please fill out the faculty/staff member in charge information on page 1. The IACUC will notify you by e-mail of the FORM number that needs review. Some questions must be answered. Special attention should be paid to:

- Number of animals used to date (Section 1).
- Sections 5 and 6. Please answer Section 5. Note that if the answer to Section 6 is Yes **OR** No, a description must be provided as to the methods used to determine this answer.

If you have any questions, please contact Dr. Tom Kordinak, Chair, Institutional Animal Care and Use Committee (IACUC) at X41180.

Please return the form to the IACUC at P.O. Box 2447. The original document with original signature must be submitted for approval.

**SAM HOUSTON STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

ANNUAL REVIEW FORM

Date:

Faculty/staff member in charge:

Department:

FORM#:

Title:

1. RECORD OF ANIMAL USE

Species	Total Number Approved	Number Used to Date
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2. RECORD OF BREEDING COLONIES

If animals were produced by breeding, please provide the following information for each species:
("Number of Animals Produced" should also be included in the "Number Used to Date" above)

Species	Number of Animals Produced	Number of Produced Animals Euthanized	Number of Produced Animals Transferred
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3. FORM STATUS. Please indicate by marking the status of this project.

Request FORM Continuance

- A. Active - project ongoing.
- B. Currently inactive - project was initiated but is presently inactive.
- C. Inactive - project was never initiated but anticipated start date is
- D. Inactive - project pending sponsor award

Request FORM Termination

- E. Inactive - project never initiated
- F. Currently inactive - project initiated but project has not/will not be completed
- G. Completed - no further activities with animals will be done.

IF F or G: No animals remain in SHSU facilities on this FORM number.

Remaining animals on this FORM number have been transferred to
FORM # (Attach Transfer Form, available on IACUC Website)

4. FUNDING SOURCE

Specify the funding source:

5. PROJECT PERSONNEL

Have there been any personnel/staff changes since the last IACUC approval was granted?

No

Yes If yes, please complete the following sections (Additions/Deletions). For additions, please state training/experience in the techniques listed in the FORM for training on the proper care and handling of laboratory animals.

Additions: Name / Role / Responsibility for Project / Training.

Deletions: Name Effective Date

Have any of the previously-approved personnel received additional training in animal care or occupational health and safety?

Name	Training
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6. PROBLEMS/ADVERSE EVENTS (THIS QUESTION MUST BE ANSWERED)

If the status of this project is Active (project ongoing) or project was initiated, but is presently inactive, describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. This answer becomes critical when requesting additional animals. If NONE, this should be indicated.

7. ALTERNATIVES TO POTENTIALLY PAINFUL PROCEDURES

Procedures that cause the least amount of pain or distress to animals should be considered and used whenever possible. If this project includes procedures that could reasonably be expected to cause more than slight or momentary pain or distress, have alternatives which are potentially less painful or distressful become available since the last approval of this FORM that could be used to achieve your specific project aims?

N/A This project does **NOT** include ANY procedures that would cause pain (even slight or momentary pain) for the animals

YES If yes, please describe the alternatives you have initiated with appropriate amendment (if not submitted previously.)

NO If no, describe the methods and sources you used to determine that alternatives to these procedures are not available. These might include computerized database searches (e.g., BIOSYS, Current Contents, Medline) or other methods of analyzing the literature. A narrative of the results of the search for alternatives is required, addressing: **Refinement** (new anesthetics, less invasive surgical techniques, etc.), **Reduction** (decrease in numbers over time, etc.), **Replacement** (non-animal techniques, etc.) and a justification as to why these options were not used.

If Yes or No Describe

8. PROPOSED CHANGES

Any proposed change in personnel, species usage, animal procedures, anesthesia, post-operative care, or biohazard procedures to the animal portion of a project must be reported in writing to the IACUC for approval. Committee approval of the proposed changes is required prior to proceeding with the revised animal procedures. [Please note that if the modifications are significant, you may be required to complete a new FORM]

No changes are planned and the project will continue as previously approved by IACUC.

Minor changes are planned. Enclosed is an amendment requesting the modifications.

Major changes are planned. Enclosed is a revised FORM addressing the next year(s) proposed use of animals.

9. CERTIFICATION OF THE FACULTY/STAFF MEMBER IN CHARGE

Signature certifies that the faculty/staff member in charge understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and SHUS IACUC policies governing the use of vertebrate animals for research, teaching, or demonstration purposes. Signature certifies that the faculty/staff member in charge will continue to use animals in full compliance with the aforementioned requirements. Signature further certifies that the proposed work does not unnecessarily duplicate previous experiments.

Signature - Faculty/staff member in charge

Date

FOR COMMITTEE ACTION ONLY

Approval Signature

Date