

SHSU Institutional Animal Care and Use Committee (IACUC)  
Annual Review Form (March 6, 2014)

**FORM F**

**ANNUAL REVIEW FORM**

---

**INSTRUCTIONS**

**IO RQTVCPV<KCEWE 'TGXKGY 'QH'CPPWCN'TGPGY CNITGXKGY 'FQEWO GPVUKU'  
TGS WKTGF 'D[ 'HGF GTCN'TGI WNCVKQPUD** Failure to return this form in a timely manner to allow for committee review before the expiration date means that you are required to submit a new, full application form in order to obtain IACUC approval to continue your work with animals.

**VJ GTG'CTG'PQ'GZEGRVKQPUD**

The following Annual Review must be completed and returned for consideration by the IACUC. Please be aware that under IACUC procedures {qw'b wu'j cxg'gcej 'Cplo chEctg'epf 'Wug' Crrdecvqp'HQTO '\*C/G+'br r t qxcit gpgy gf 'gcej '{get and a complete review is required every 3 years during the term of your use of animals. Triennial Reviews (3<sup>rd</sup> 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.

Complete the attached document and mail, fax or email it to the IACUC Office at least 30 days prior to the date of expiration. The expiration date is included in the Expiration Notice you received from the IACUC Office.

**IACUC Office contact information:**

Marcy Beverly, IACUC Chair

Phone: 936-294-1222

Email: [mmbeverly@shsu.edu](mailto:mmbeverly@shsu.edu)

Sharla Miles, IACUC Coordinator

Phone 936-294-4875

Email: [iacuc@shsu.edu](mailto:iacuc@shsu.edu)

**IACUC OFFICE—ORSP**

Campus Box 2448

Fax: 936-294-3622

SHSU Institutional Animal Care and Use Committee  
(IACUC) Annual Review Form (FORM F)

**Sam Houston State University  
Institutional Animal Care and Use Committee**

Date:

Investigator Name:

Department:

Protocol Title:

Protocol Number:

**1. STATUS OF THE RESEARCH PROJECT**

**Project has been terminated** and the protocol is no longer active.

This **project is Continuing with no changes** in the approved protocol. The number of animals used during the past year was:

(List the number of animals used in each category\*)

Category B:

Category C:

Category D:

Category E:

Unexpected deaths:

*\* Definitions of categories are in the original approved Animal Use Protocol Form C.*

This **protocol has reached its three year maximum. A new protocol has been filed** for IACUC review. For the existing protocol, the number of animals used during the past year was:

(List the number of animals used in each category\*)

Category B:

Category C:

Category D:

Category E:

Unexpected deaths:

*\* Definitions of categories are in the original approved Animal Use Protocol Form C.*

The **project is Continuing with changes ONLY in the number of animals used**, as indicated below:

Number of animals currently proposed in the protocol:

Number of animals proposed for next year:

**The project is Continuing with the following proposed amendment(s) to the protocol.** Indicate how proposed changes compare with procedures listed on the protocol. Attach additional pages as necessary. Personnel changes and assurances of training must be included in amendments.

SHSU Institutional Animal Care and Use Committee  
(IACUC) Annual Review Form (FORM F)

**Sam Houston State University  
Institutional Animal Care and Use Committee**

**2. FUNDING SOURCE**

Specify the funding source:

**3. CERTIFICATION OF THE FACULTY/STAFF MEMBER IN CHARGE**

Signature certifies that the faculty/staff member in charge understand the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and SHSU IACUC policies governing the use of vertebrate animals for research, teaching, or demonstration purposes. Signature also 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—Investigator in charge

---

Date

---

FOR COMMITTEE ACTION ONLY

---

Approval Signature—IACUC Chair

---

Date