

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

 **Annual Renewal Form**

Name: Click or tap here to enter text.

Contact phone number: Click or tap here to enter

Email address: Click or tap here to enter text.

PI name: Click or tap here to enter text.

Animal IACUC Protocol #: Click or tap here to enter

1. Have there been any adverse events? [ ] no [ ] yes
2. Have you submitted or do you plan to submit an amendment? [ ] no [ ] yes
3. Are you planning to continue the work next year? [ ] no [ ] yes

Species and animal #: Click or tap here to enter information

Acknowledgement that you are aware to report unanticipated events promptly: Click or tap here to initial

|  |  |  |
| --- | --- | --- |
|  |  | Select date |
| Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  | Select date |
| IACUC Chair Signature |  | Date |

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

IACUC Chair (Printed Name)