

**CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

Three Year Progress Report (Form C)

(Submit with Three Year Renewal Application)

IACUC NO.

For IACUC Use Only

CURRENT APPROVAL PERIOD:

From:

Until:

Project Title: _____

IACUC number: _____

Approved Project Period: _____

Principal Investigator (Last, First, Degree): _____

Department: _____

Ext. _____

Co-Investigator (Last, First, Degree): _____

Department: _____

Ext. _____

Co-Investigator (Last, First, Degree): _____

Department: _____

Ext. _____

1. NATURE OF THE PROTOCOL/STUDY Indicate (x) all applicable items.

- | | | |
|---|---|--|
| <input type="checkbox"/> Research Project | <input type="checkbox"/> Blood/Tissue/Embryo Collection | <input type="checkbox"/> Survival Surgery |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Breeding Program | <input type="checkbox"/> Multiple Survival Surgery |
| <input type="checkbox"/> Behavioral Studies | <input type="checkbox"/> Neuromuscular Blocking Agents | <input type="checkbox"/> Terminal Surgery |
| <input type="checkbox"/> Antibody Production | <input type="checkbox"/> Radioactive Materials | <input type="checkbox"/> Prolonged Restraint (> 1 h) |
| <input type="checkbox"/> Mouse Ascites Production | <input type="checkbox"/> Biohazardous Materials | <input type="checkbox"/> Food or Fluid restriction |
| <input type="checkbox"/> Tumor Inducement | <input type="checkbox"/> Other Hazardous Agents | <input type="checkbox"/> Transgenic animal use |

2. RECORD OF ANIMAL USAGE

		Total No. Approved*			No. Used*		
		Pain/Distress Type*			Pain/Distress Type*		
Species	Strain	C	D	E	C	D	E

* List each pain/distress type separately.

3. PROBLEMS/ADVERSE EVENTS

Have there been any unanticipated problems, which have affected animal use, welfare, morbidity, or mortality?

No Yes

If **YES**, provide a summary of the problems, the cause(s), if known, and how these problems were resolved.

4. RESEARCH FINDINGS

Summarize the key findings and the progress you have made for this project during the past approval period.

CERTIFICATION OF THE PRINCIPAL INVESTIGATOR.

This signature certifies that the Principal Investigator has followed all federal, state, and local laws and regulations governing the use of animals in experimentation. This signature further certifies that all experiments involving live animals were performed under supervision of the Principal Investigator or under that of another qualified scientist. Technicians and students involved have been trained in proper procedures in animal handling and in any administration of analgesics/anesthetics, animal surgery, and euthanasia that were used in this project. The information provided in this report is accurate to the best of his/her knowledge.

Signature of the Principal Investigator

Date