

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

FORM B

IACUC NO.

For IACUC Use Only

CURRENT APPROVAL PERIOD:

From:

Until:

Project Title: _____

Approved Project Period: _____

Funding Source: _____

Principal Investigator (Last, First, Degree): _____

Department: _____

Ext. _____

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

Department: _____

Ext. _____

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

Department: _____

Ext. _____

Date original request to use animals was approved by the IACUC: _____

Year under review: 1. 2. 3. of the current protocol.

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 ^a |
| <input type="checkbox"/> Behavioral Studies | <input type="checkbox"/> Neuromuscular Blocking Agents | <input type="checkbox"/> Terminal Surgery |
| <input type="checkbox"/> Antibody Production ^a | <input type="checkbox"/> Radioactive Materials ^b | <input type="checkbox"/> Prolonged Restraint (> 1 h) ^a |
| <input type="checkbox"/> Mouse Ascites Production ^a | <input type="checkbox"/> Biohazardous Materials ^b | <input type="checkbox"/> Food or Fluid restriction ^a |
| <input type="checkbox"/> Tumor Inducement ^a | <input type="checkbox"/> Other Hazardous Agents ^b | <input type="checkbox"/> Transgenic animal use |

^a For special procedures, please ensure that you have consulted with CSUDH regulations regarding these procedures and incorporated them into the body of this protocol.

^b Requires pre-approval by Environmental Health and Safety Office.

2. PROTOCOL STATUS

Request Protocol Continuance

- A. **Active** - project ongoing
- B. **Currently Inactive** - project was initiated but is presently inactive.
- C. **Inactive** - project never initiated but anticipated start date is _____.

Request Protocol Modification

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

Additions: *For additions, please make arrangements with the Animal Resources Center staff for in-service training on the proper care and handling of laboratory animals.*

(Name)

(Title, completion of training)

(Name)

(Title, completion of training)

Deletions:

(Name)

(Effective Date)

(Name)

(Effective Date)

4. RECORD OF ANIMAL USAGE

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

* List each pain/distress type separately.

5. 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.

6. FUTURE PLANS

- A. No changes are planned and the project will continue as previously approved by the IACUC.
- B. Changes are planned. Provide a full description and justification for the proposed changes. You may attach additional pages.
 - 1. Number of animals.
 - 2. Anesthesia, analgesics, or other drugs.
 - 3. Method of euthanasia.
 - 4. Other (Minor changes in techniques or treatments involving animals).
 - 5. Change in funding source.
- C. Other. Provide a brief explanation.

REMINDER: If substantial changes are planned, Form A must be used. Please contact the IACUC Coordinator for assistance. If a protocol has been terminated, please notify the IACUC Coordinator via email.

CERTIFICATION OF THE PRINCIPAL INVESTIGATOR.

This signature certifies that the Principal Investigator agrees to abide by the CSLA Institutional Animal Care and Use Committee (IACUC) policies and procedures, the provisions of the NIH Guide to the Care of Laboratory Animals, and 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 will be 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 to be used in this project. The investigator will continue to conduct the project in full compliance with the aforementioned requirements and assures that the information provided above is accurate to the best of his/her knowledge and that any proposed revision to the details listed under this Protocol will be promptly transmitted in writing to the committee for approval prior to implementing any changes.

Signature of the Principal Investigator

Date