Annual Review Form

 **FOR IACUC USE**

**Protocol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Approved for period (one year maximum)

 Approved \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Copy to PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Copy to Animal Care Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHHS/NIH/OLAW *ASSURANCE #A-3216-01*

*EFFECTIVE:* 04/05/2022 – 3/31/2026

**UNIVERSITY of WYOMING**

**INSTITUTIONAL ANIMAL CARE and USE COMMITTEE**

**ANNUAL REVIEW FORM**

**This form must be submitted annually for continuing projects.** Submit completed form electronically to the IACUC at IACUC@uwyo.edu.

**RESEARCH SHALL NOT BEGIN UNTIL THIS FORM IS APPROVED.**

Title of project :

Previously approved for the period:

Project leader(s):

Department(s):

Phone: Email:

Type: Research \_\_\_\_\_ Instruction \_\_\_\_\_\_

Funding Information- **(Please note that this section is mandatory)**

Source of Funding (Government agency, Grant, Departmental Funds, etc.):

UW Budget ID/Project Grant number (if applicable):

Name person(s) and/or unit responsible for animal care:

Name: Phone: Email:

Describe any changes in the animal component of the project (e.g. change in anesthetic, species, pain category, surgical procedure, new techniques, changes in number of animals used.)

If significant changes are planned, a new animal protocol form may need to be submitted to the IACUC for review. Please consult with the attending veterinarian, your departmental IACUC member, or the Office of Research, 308 Old Main, 766-5320.

2) List the name, position, and telephone numbers of all personnel associated with this project.

**Complete the following “Verification of Training for Animal Work” form for new personnel not listed on the original protocol**:

**UNIVERSITY OF WYOMING**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**VERIFICATION OF TRAINING FOR ANIMAL WORK**

THIS SECTION MUST BE COMPLETED BEFORE YOUR PROPOSAL CAN BE APPROVED

COPY, PASTE, AND COMPLETE THIS FORM FOR EACH RESEARCHER AND ASSISTANT

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Species to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedures conducted with animals (i.e. types of surgery, routine husbandry, feeding trials, euthanasia, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formal training in animal care and management for species indicated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE attach copies, if any, of training certificates (CITI, etc.) or other documentation of formal animal care training completed and forward copies of training certificates or documentation completed in the future.**

**I certify that animals under my care will be cared for according to accepted animal husbandry practices, the NIH Guide for Care and Uses of Laboratory Animals, and the Animal Welfare Act. Animals used for research and instruction will be cared for as dictated in the animal care and use protocol approved by the Institutional Animal Care and Use Committee and according to the Program of Veterinary Care on file. ANY PROBLEMS ENCOUNTERED AND QUESTIONS REGARDING THE CARE OF ANIMALS WILL BE IMMEDIATELY REPORTED AND WILL BE RESOLVED IN CONSULTATION WITH THE UNIVERSITY’S ATTENDING VETERINARIAN, Dr. David Evertson @ 745-7341.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Employee Date Signature of Supervisor (required for students, not for PI) Date

3) Number of animals used in this project during the last year

 Species Number

4) Number of animals to be used for this project during the coming year (**Note:** if the number of animals to be used is increasing from the previous year and the rational for this increase is not covered in the original protocol, please explain why more animals are necessary for the upcoming year).

 Species Number

***Principal Investigator Assurance****: "I have received a copy of the* [*NIH Guide for the Care and Use of Laboratory Animals*](http://www.nap.edu/readingroom/books/labrats/) *and/or The Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching and will provide for the care, use and treatment of the animals used for the purpose described above accordingly. I will use procedures which will avoid or minimize discomfort, distress and pain to animals used in my research. I have considered alternatives to procedures that may cause more than momentary slight pain or distress to the animals. These studies do not unnecessarily duplicate previous experiments.* ***I WILL INFORM THE ATTENDING VETERINARIAN (DAVID EVERTSON 745-7341) OR BACKUP VETERINARIAN ON STAFF AT ALPINE ANIMAL VETERINARY CLINIC IMMEDIATELY IF ANY PROBLEMS OCCUR, INCLUDING UNANTICIPATED PAIN OR DISTRESS, INJURY, MORBIDITY OR MORTALITY.*** *I will submit a revised protocol for IACUC approval before making any significant deviations from the approved project procedures occurs. I will submit an annual update for IACUC approval for continuation if this project extends beyond one year. I assure the IACUC that all persons involved in the care and use of animals related to this protocol have received the appropriate training and are qualified to perform the procedures described above."*

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

Principal Investigator .……………….Date

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

Veterinary Officer ………… …… Date

ACTION BY THE ANIMAL CARE AND USE COMMITTEE: APPROVED / / DISAPPROVED / /

**Occupational Health Program Information**

As a researcher named on an animal protocol and to ensure your health and welfare while conducting research at the University of Wyoming, you are being offered the opportunity to participate in the University of Wyoming’s Occupational Health Program. The University has contracted with occupational health specialists of University of Colorado Health Occupational Health to review the health evaluations at a $55 cost.  If you would like to take advantage of this opportunity please complete the ***Baseline Health Questionnaire found at*** <http://www.uwyo.edu/research/compliance/animal-care/> under the “Additional Resources” heading to fill out the baseline health questionnaire and risk assessment.

Once completed, submit to Occupational Health Services, UCHealth by email OHSNorth@uchealth.org, or Fax: 970-297-6598.

They will then provide you and the Safety Office with a Physician Evaluation Report. The Physician Evaluation Report lets you and the Safety Office know whether there are any medical conditions that may affect you in your current position.  The report does not provide any medical information to UW, just whether follow-up is recommended.  If the report recommends further medical follow-up, you will be referred to a physician at no cost to you.

Should you have questions on this program or process please contact one of the Safety Specialists at either 307-766-3203 or 766-2723.  A common question asked has been whether UW personnel must complete the form with date of birth, social security number, and mother’s first name.  UCHealth Occupational Health must have the date of your birth on the form.  Your social security number and mother’s name helps confirm identity in the medical record, but are optional if UW personnel are uncomfortable supplying this information to them.