

IACUC RENEWAL FORM**Instructions**

If this protocol is to remain **ACTIVE** this form must be completed and returned on or before the *Renewal Date* to the Institutional Animal Care and Use Committee (IACUC). **If this form is not completed and returned prior to this date, the protocol will be inactivated and all work done under its auspices must cease.** All major changes must be reported, such as but not limited to, the type/number of animals, procedures, and personnel prior to instituting them.

SECTION A: General Information**OVERVIEW**

1. Protocol Number:
2. Title of Protocol:

INVESTIGATORS

3. Principal Investigator (PI)
Name:
Status:
Telephone:
CMU Email
Department:

VETERINARIAN

4. Name:
Status:
Telephone:
Email
Affiliation:

SECTION B: Status**STATUS**

5. Will the project remain active for another year?
No: If NO, complete the appropriate closure protocols.
Yes: If Yes, are there changes that are being made to protocol?
No
Yes: If YES, complete the appropriate modification protocols. For De Novo Renewal, Complete an Animal Research Application.

SECTION C: Investigator Assurance and Acknowledgment

PRINCIPAL INVESTIGATOR

I certify that the information I provided within this document correct and complete. **Please e-sign this document.**

Name / Signature of Principal Investigator

Date

Note: Required fields are highlighted in red.

OFFICIAL OFFICE USE ONLY

Date Received: _____ Notes: _____
Protocol Number: _____
Reviewer: _____
Date Reviewed: _____

Revised: May 2017