

**IACUC ANNUAL REVIEW FORM****Instructions**

If this protocol is to remain **ACTIVE** this form must be completed and returned on or before the *Annual Review 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.

**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