

ANNUAL REVIEW:

CC Animal Study Proposal #:
CC Animal Study Proposal Title:
Investigator:

Public Health Service Policy requires that animal study proposals be reviewed annually by the CC-ACUC. Please complete the statement below and return it along with a brief statement regarding protocol progress, literature search for column D and E studies and a sign off from the CC Biostatistics and Clinical Epidemiology Service if required. Please return the completed renewal to the Animal Program Director's office 10 working days before the ACUC meeting of the month your protocol is to be reviewed.

If there have been any significant changes to your animal study, an amendment must be submitted for review and approval by the CC-ACUC.

Significant changes include:

1. Changes in study objectives or species.
2. Increase in number of animals used.
3. Addition of a hazardous agent.
4. Addition of surgery or any other procedure which may cause pain.

ANNUAL REVIEW STATEMENT, CHECK ONE:

- No significant changes have occurred in this proposal except for changes in personnel. If you are adding personnel please fill out the appropriate section on page 2.
- Significant changes have occurred in this proposal and a completed amendment form is attached.
- The proposal has been completed or discontinued and should be terminated.

Signature: _____ Date: _____
Principal Investigator

If required, the CC Biostatistics and Clinical Epidemiology Service has reviewed this proposal. Please check with the CC-Animal Program Director.

Signature: _____ Date: _____
CC Biostatistics and Clinical Epidemiology

Please provide a short summary of studies carried out during the last year and include any unexpected problems that were experienced during these studies using animals. In addition, list the total number of animals used and publications that have resulted from this study.

ASP#:

Number of Animals Requested:

Number of Animals Used:

Summary of Literature Search for Column D and E proposals, this search is to verify that investigators have continued to consider alternatives to the proposed procedures.

Addition of Personnel to Protocols: Please list names, telephone extensions, experience and qualifications of new persons authorized to conduct procedures involving animals in the ASP. Also provide a copy of the OMS form indicating participation in AESP and the date they attended an NIH training course for investigators or users.

Clinical Center Animal Program Director

Date: _____

McDonald Horne, MD CC-ACUC Chair

Date: _____

Amendment to Animal Study Proposal

Warren Grant Magnuson Clinical Center
Animal Care and Use Committee

ASP# _____ Principal Investigator

Title: _____

Proposed Modification: Significant changes to ASPs must be approved by the CC-ACUC. Explain the proposed modification(s) to this study. Modifications include changes in animal requirements/numbers, animal procedures, experimental design and addition of a hazardous agent. For further information on what modifications need to be approved by the ACUC please contact the Animal Program Director's Office. Include a brief description of the reason for the change.

Principal Investigator signature

Date: _____

Clinical Center Animal Program Director

Date: _____

McDonald Horne, MD CC-ACUC Chair

Date: _____