**Annual Report of Approved Protocol**

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| **I. General Information** |
| **Title:** |
| **Protocol Type:**   Research  Instruction **Protocol Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Period:** (cannot exceed 3 years) Start Date: Click here to enter a date.  End Date: Click here to enter a date. |
| **Review Year:**  Year 1  Year 2  Year 3 |
| **Is the project/course activity still active?**  No  Yes |

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| **II. Administrative Information1** | |
| **Principal Investigator / Course Director** | |
| **Name:** | **Phone:** |
| **Department:** | **Email:** |
| **Co-Principal Investigator/ Course Director** | |
| **Name:** | **Phone:** |
| **Department:** | **Email:** |

1 These individuals must be a faculty members at Southeast. All personnel (other faculty, staff and students involved in the project will be listed on Form B).

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| **III. Certifications and Assurances** |
| By signing this form, I certify that the information provided in this annual report is an accurate description of the use of animals under this protocol.  **Submission of this form by the PI in the form of electronic mail is taken as evidence of this Assurance. Please type your name(s) and the date below.**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator or Course Director Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co-Principal Investigator / Course Director Signature Date |

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| **IV. Changes to Protocol. Note: If you have significant changes you will need to use Form A and subsequent forms appropriate to the project.** | |
| **A. Were there any changes to personnel?**  No  Yes, if “Yes” was selected then fill out Form B | |
| **B. Were there changes to the protocol?**  No  Yes  **If “Yes” check the boxes that match the part of the protocol you have changed and fill in the corresponding forms** | |
| Off Campus Activities: Studies or course activities that do not involve  holding animals on campus. | Form C |
| Short Term Campus Activities: Studies or course activities that involve  holding animals for less than 12 hrs. | Form D |
| Long Term Campus Activities: Studies or course activities that involve  holding animals for more than 12 hrs. | Form E |
| Animals that are captured from the wild. | Form F |
| Animals that are purchased or supplied. | Form G |
| Animals in USDA Pain or Distress Classification D or E or requiring the  use of analgesic/anesthetic/tranquilizing drugs | Form H |
| Surgery | Form I |
| Instruction in a classroom setting | Form J |
| Euthanasia and disposition of animals | Form K |
| Use of hazardous agents (radiolabeled, biological, chemical agents) | Form L |

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| **V. Animals Used** | | | | |
| **List the number of each species approved and actually used in this reporting period and previous reporting periods (For Annual reports for Year 1 leave the sum of previous reporting periods blank).** | | | | |
|  | **Year of this reporting period** | | **Sum of previous reporting periods** | |
| **Animal Species (scientific and common name)** | **Number approved in protocol** | **Actual number used** | **Number approved in protocol** | **Total number used** |
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Add more rows if necessary

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| **VI. Exceeding Approved Numbers of Animals** |
| **Did the numbers of animals exceed the approved numbers?**  No  Yes  **If “Yes” was selected explain the reason why the numbers exceeded the approved numbers below and be sure to submit a revised protocol.** |

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| **VII. Complications Affecting Animals** |
| **Were there any unexpected reactions, deaths or other complications with the protocol during this reporting period?**  No  Yes  **If “Yes” was selected, state how many animals were affected and explain the problem and solution.** |