

**BROWN UNIVERSITY**

**Institutional Animal Care and Use Committee**

**Annual Continuation Form**

|  |  |
| --- | --- |
| **Principal Investigator Name:** |       |
| **Protocol Number:** |       |
| **Protocol Title** |       |

1. Project Status (please check one): [ ]  Active [ ]  Closed
2. Indicate any new locations where your research animals are **housed**: Bldg:       Room(s):
3. Indicate any new locations where your animal procedures are **performed**: Bldg:       Room(s):
4. Is there new funding associated with this protocol? [ ]  Yes [ ]  No

If yes, please submit an amendment to add the funding source(s).

1. Are there any changes to the personnel listed on this protocol? [ ]  Yes [ ]  No

If yes, submit an amendment to add/remove personnel.

1. Describe any adverse events that occurred in the past year: [ ]  N/A

1. If you currently hold an IACUC-approved exemption to animal care standards (such as for water scheduling, food restriction, restraint, use of non-pharmaceutical grade compounds, or non-social housing), the exemption must be reviewed annually.
2. Briefly describe the exemption you hold, and whether you intend for it to continue in the upcoming year:
3. Justify the continuation of the exemption:
4. Provide a brief summary of your research progress in the past year, including objectives and specific aims that have been achieved:

1. Provide a brief summary of the research aims that you intend to pursue in the upcoming year:

**Institutional Animal Care and Use Committee**

**Principal Investigator Certification**

**I certify the following:**

* The information provided in this IACUC protocol is complete and accurate.
* This project will be conducted in accordance with the policies and procedures of Brown University regarding the care and use of laboratory animals, the USDA Animal Welfare Act and Regulations, the *Guide for the Care and Use of Laboratory Animals, 8th edition*, and any applicable federal and state laws and regulations.
* Due consideration has been given to alternatives to animal models and alternatives to procedures that may cause more than momentary or slight pain or distress to the animals.
* The proposed experiments do not represent an unnecessary duplication of previous work.
* Veterinary staff will be consulted before initiating experiments that include USDA pain category D or E procedures, as required by the Animal Welfare Act and Regulations.
* All personnel who work with animals under this protocol have received or will receive appropriate training in protocol procedures and animal handling methods prior to working with animals.  I will ensure that individuals not listed in this protocol do not participate in any procedures involving animals.
* All listed personnel will read this protocol after it has been approved by the IACUC and before undertaking any procedures on laboratory animals.
* This protocol meets all animal care and use requirements of the funding agency (or agencies) supporting this project and the procedures listed accurately reflect those described in the funding application/awards.[[1]](#footnote-1)
* Submission of this annual continuation certifies that the PI has reviewed the protocol in Coeus and all of the information is accurate and up-to-date.
* If there are any changes going forward, an amendment will be submitted to incorporate the changes prior to implementation.
* The PI certifies that the approved number of animals has not been exceeded and that the use of animals has been and/or will be in accord with all applicable federal regulations and University policies.

*Signature Requirements: If this Continuation is being submitted through Coeus by the PI, no signature is needed.*

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

Signature of Principal Investigator Date

1. DHHS policy requires certification that the IACUC protocol is appropriately consistent with the supporting federal grant application(s). [↑](#footnote-ref-1)