**Annual Protocol Update**

**Please fill out this form completely and send it to** **iacuc@ucsc.edu****. Enter N/A where not applicable.** Questions and feedback regarding this form should be directed to iacuc@ucsc.edu.

Completion of this form at years 1 and 2 of the three-year approval cycle is part of the UCSC IACUC post-approval monitoring (PAMing) process. The annual protocol update is also referred to as a continuing review, annual review, or status report. It is not the same as an agency progress report, though both have some of the same components.

Importantly, the annual protocol update also serves as a point in the protocol cycle to reflect on and update the IACUC about concerns pertaining to the approved uses of animals. **Note:** Any changes in animal use sites, personnel (additions, deletions), funding through UCSC’s Office of Sponsored Projects, study purpose/objectives, species, animal numbers by species, or research procedures typically require an amendment to be filed.

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| Submission date:MM/DD/YYYY | Approved protocol number:Abcd#### |
| Protocol title: Enter protocol title here |
| Principal investigator: Enter name here |
| Department: Enter department here |
| Phone: (XXX) XXX-XXXX | Email: Enter email here | Mail stop: Enter mail stop here |
| Co-respondent(s) on protocol communications: Enter name(s), email address(es) here |

Type of protocol: \_\_ Full Use Biomedical (FUB) \_\_ Full Use Non-Biomedical (FUNB)

 (place xx) \_\_ Vertebrate Sample Use (VSU) \_\_ Observation Only (OBS)

 \_\_ Field Study \_\_ Teaching

1. Were animals (or tissues with VSU) used since your last annual update (or initial approval if protocol is in its first year)? What has been accomplished pertaining to the aims outlined in the approved protocol?

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| Enter text here |

1. If no animals were used, state the reason (if animal use is complete and will not resume, you are finished; indicate you would like the IACUC to close your protocol):

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| Enter text here |

1. If the protocol is currently inactive, is animal use expected to resume? If so, approximate date? (if no, you are finished; indicate you would like the IACUC to close your protocol):

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| Enter text here |

1. Specify by species the number(s) of animals used since the last approval or update. In some cases, a portion may be the “same” animals. If so, responses could be “no new and ## the same animals as the previous year” or “## animals used” or “## the same animals as the previous year”.

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| Enter text here |

1. Specify by species the animals remaining (total approved, less total used since initial approval):

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| Enter text here |

1. If you have applied for funding through the UCSC Office of Sponsored Projects (OSP) that you have not yet reported to the UCSC IACUC, specify the funding agency/source and OSP Cayuse proposal number (not the project number). Failure to do so will delay distribution of any grant funds:

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| Enter text here |

1. List all personnel approved to work on this protocol. Please take a moment to [login to OHSS](http://ehs.ucop.edu/ohss) and double-check that OHSS enrollment and training with CITI are up-to-date for all personnel. Start a renewal if necessary. Use this space to indicate removals of personnel, too.

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| Enter text here |

8. If there has been a change in your permit(s) status, please indicate the agency, new permit number, and permit expiration date. Indicate whether in progress, too.

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| Enter text here |

9. For investigator-maintained animals held for more than 12 hours off-campus, provide a photograph of the animal holding site as part of the PAMing process, if it has not been submitted already.

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| Enter text here |

**SUBMITTED BY THE PRINCIPAL INVESTIGATOR**

\_\_ Based upon this annual update, there are no changes planned for this protocol. (check, “X”, if true)

\_\_ A [Protocol Amendment (see UCSC IACUC forms web page)](https://officeofresearch.ucsc.edu/compliance/services/iacuc-https%3A/officeofresearch.ucsc.edu/compliance/services/iacuc-18-forms.html) will be sent to the IACUC for approval prior to implementation of any changes.

Signature of principal investigator: Signature Date: MM/DD/YYYY

 **IACUC FINAL APPROVAL**

Certification of review and approval by the UC Santa Cruz Institutional Animal Care and Use Committee:

Approval signature: Date: