**Radford University IACUC**

**Annual Protocol Review Form for**

**Vertebrate Animals Used in Research and/or Instruction**

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| **IACUC Protocol Number:**  |  | **Date Annual Review Submitted:**  |
| Does the study involve species on State or Federal lists of threatened or endangered species? | [ ]  Yes | [ ]  No |
|  |
| **Title of Protocol:** |       |
| **Principal Investigator:** |       |
| **Second Investigator (if any):** |       |
| **Third Investigator (if any):** |       |
| **Starting Date of Annual Review Period:** |       |
| **Completion Date of Annual Review Period:** |       |

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| **Common Name** | **Total Number Approved** | **Number Used in Each Pain Category for Review Period** **B C D E** | **Total Number Used for Review Period** |
|       |       |       |       |       |       |       |
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| **Were there any unanticipated problems associated with any animal use, such as unexpected animal deaths or other unexpected outcomes?** | Yes [ ]  No [ ]  |

**If Yes, Describe:**

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| **Were there any changes associated with any animal use that was not addressed in an earlier approved amendment, such as the need to alter an animal use procedure?** | Yes [ ]  No [ ]  |

**If Yes, Describe:**

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| **Were there any unanticipated problems associated with any animal acquisition or vendor?** | Yes [ ]  No [ ]  |

**If Yes, Describe:**

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| **Were there any unanticipated problems with or changes in personnel listed on the protocol that hasn’t been addressed by an earlier amendment or PTR?** | Yes [ ]  No [ ]  |

**If Yes, Describe:**

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**Please provide (in layman’s terms) a short summary of the findings of your research project to date, or describe the classroom activity if this is a teaching protocol:**

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| **Signature of Principal Investigator:** |  |
| This signature indicates that the Principal Investigator has conducted the project in accordance with the approved IACUC protocol, the policies and procedures manual, and that the information provided here is accurate and correct. |