**FORM B: Continuing Review of an  
Existing Animal Care and Use Protocol**

For IACUC Use Only

Protocol No.: \_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_

Submit this completed form to the Office of Research and Sponsored Programs.

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| **Reminder Concerning Protocol Modifications** |

Modifications to an approved protocol must be submitted to IACUC for review using [Form M](https://www.eiu.edu/grants/IACUC%20Form%20M%20-%20Modification.docx) and any applicable attachments.

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| **A. Project Information** | | | |
| Title of Project/Course |  | | |
| Protocol Type | Housing/Husbandry  Research  Instruction | | |
| Type of Review | Annual  Triennial | IACUC Protocol # |  |
| Funding Source/Agency |  | | |

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| **B. Personnel** | | | | | | |
| **Principal Investigator / Course Director Information** (Note: PI must be an EIU faculty member) | | | | | | |
| PI Name |  | | | Department |  | |
| Phone |  | | | Email |  | |
| PI Contact Phone in the Event of a Disaster | | |  | | | |
| **Co-Principal Investigator Information** | | | | | | |
| Faculty  Student  Other (specify): | | | | | | |
| Co-PI Name | |  | | Department / Other Institution | |  |
| Phone | |  | | Email | |  |
| **Co-Principal Investigator Information** | | | | | | |
| Faculty  Student  Other (specify): | | | | | | |
| Co-PI Name | |  | | Department / Other Institution | |  |
| Phone | |  | | Email | |  |

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| **C. Protocol Status** |
| Active – project ongoing  Inactive – project was initiated but is presently inactive  Not yet initiated |

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| **D. Record of Animal Usage**  List all of the species used in this protocol. Use Form B addendum to list additional species as necessary. | | | | | |
| Animals Species & Strain  (Scientific & Common Name) | [USDA Pain](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.doc)  [Classification](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.doc) | Total # of Animals | | | |
|  | Approved | Used | Euthanized |
|  | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |

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| **E. Problems / Adverse Events**  Complete only if project is active orcurrently inactive |
| Describe any unanticipated adverse events, morbidity or mortality, the cause(s) if known, and how these problems were resolved. If NONE, this should be indicated. |
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| **F. Alternatives to Potentially Painful Procedures**  Complete only if project involves USDA Pain Category D or E. Procedures that cause the least amount of pain and distress to the animals should be considered and used when possible. |
| Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims? |
| No  Yes - explain how alternatives will be used, or if not used, why they are not appropriate for this project: |

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| **G. Certifications and Assurances** | |
| I certify the accuracy of the information provided and reassert my intention to conduct the project according to the IACUC approved protocol and abide by University policies and procedures governing projects involving the care and use of animals.  **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.** | |
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| Principal Investigator or Course Director Signature | Date |
|  |  |
| Co-Principal Investigator Signature | Date |

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| **IACUC Approval FOR IACUC USE ONLY** |
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