**Institutional Animal Care And Use Committee**

**University of Vermont**

**213 Waterman Building, 85 South Prospect Street**

**Burlington, VT 05405**

**(802)656-5040**

1. **Combined Animal Science Teaching Protocols Continuing Review**

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| Date Form Completed: |  |  Expiration Date |  |

**A.1 Complete with all courses that had any activity over the last 12 months.**

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| --- | --- | --- | --- | --- | --- |
| IACUC # | Course Title/Number | Instructor | Summary of Activity | Location of activities | Course Status(active,inactive orcomplete) |
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**A.2 Contact Person for IACUC Correspondence and Inquiries**

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| --- | --- | --- | --- | --- | --- |
| Name |  | Phone Number |  | Email  |  |

1. **ANIMAL USE**

Please indicate for each class, the number of each species used (not number of repeated uses) over the last year in the table below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IACUC # | Horse | Cow | Goat | Dog | Cat | Rabbit | Bird | Other |
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1. **JUSTIFICATION FOR ANIMAL USE**

**C.1. Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve the specific aims of the course?**

YES [ ]  NO[ ]

If Yes, please explain why these alternatives are not feasible for the course. Please reference the specific course number(s).

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**C.2. Since the last IACUC approval, have alternatives which are potentially less painful or distressful to the animals become available that you could use that would allow you to continue to achieve your specific aims of the course?**

YES [ ]  NO[ ]

If Yes, please explain why these alternatives are not feasible for the course. Please reference the specific course number(s).

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**C.3. Have there been any adverse effects/unanticipated problems that have affected animal use, welfare, morbidity, or mortality?**

YES [ ]  NO[ ]

If Yes, please summarize below including the cause and resolution. Please reference the specific course number(s).

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1. **FUTURE PLANS**

[ ] No changes are planned and the courses will continue to be taught as approved by the IACUC.

[ ] Changes are planned.

*Do not include amendment changes to this continuing review or the current protocol. For any change, you must complete and submit an Animal Use Protocol Amendment form along with an updated Protocol form with the proposed changes highlighted.*

[ ] Other. Please provide a brief explanation.

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1. **ADDITIONAL COMMENTS**

Please provide any additional comments that the IACUC should be aware of that may impact this continuing review.

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1. **ASSURANCE**

Staff instructors will continue to conduct their classes in full compliance with all local requirements.

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| Signature  |  | Date |