**Institutional Animal Care and Use Committee**

**University of Vermont**

**Continuing Review Form**

Please complete and submit this form online through InfoEd.

For guidance, please refer to the [Electronic Submission Guide (InfoEd)](https://www.uvm.edu/rpo/infoed_materials/login/).

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| **Section 1: General Information** | | | | |
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| **Date Form Completed:** |  |  | **Expiration Date:** |  |

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| **1.a IACUC Protocol Number** | | | | | | |  | | | | | | | | | | | | |
| **1.b Protocol Title** | | | | | | |  | | | | | | | | | | | | |
| **1.c Principal Investigator (PI)** | | | | | | |  | | | | | | | | | | | | |
| **1.d Coverage and Contact Information** | | | | | | | | |  | | | | | | | | | | |
| **1.d.i Assigned Designee for Protocol Oversight (acts on behalf of the PI in his/her absence) (e.g. sabbatical)**.  The PI must have a plan for protocol coverage is his/her absence. This can either be a designee as assigned by you or a plan as outlined below.*See section 8.B.4 in Research Manual.* | | | | | | | | | | | | | | | | | |
|  | | | | Designee Name | | | |  | | | | Email | | |  | | | | |
|  | | | | **Or** | | | | | | | |  | | | | | | | |
|  | | | | If there has been a change in the initial Plan for Protocol Oversight, please update plan here. | | | | | | | | | | | | | | | |  |
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|  | | **1.d.ii Contact Person for IACUC correspondence and inquiries** | | | | | | | | | | | | | | | | | |
|  | | | Name | |  | | | | | | Email | | |  | | | | | |
| **1.d.iii Emergency Contacts - Update daily and weekend contact numbers for animal emergencies.** *Personnel listed in this section must also be listed as project personnel.* | | | | | | | | | | | | | | | |
| Principal Investigator: | | | | |  | | | | Work # | | |  | | | Home # |  | |
|  | | | | | | | | | | | | | | | | | |
| Alternate Person Name: | | | | |  | | | | Work # | | |  | | | Home # |  | |

***Note: If changes are being made to the roles of current key personnel, a separate Request to Change Key Personnel form must be submitted***

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| **1.e Facility and Room # Where Procedures Using Whole Live Animals Are Taking Place** (If multiple, indicate)  This information helps to identify inspection areas. New labs require inspection prior to activities. |

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|  | Study Area |  |
|  | Non-Surgical Procedures |  |
|  | Surgery and/or Anesthesia |  |
|  | Euthanasia |  |
|  | Behavioral Procedures |  |
|  | Drug Box Location (if applicable) |  |

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| **1.f Biohazardous Materials Use *(if applicable)*** | | | | | | | |
| Are you still using the approved biohazardous materials? | | |  | Yes |  | No |
| If yes, list IBC number here |  | If no, please close the IBC protocol with the IBC Committee. | | | | |

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| **Section 2: Personnel Roster Online through InfoEd** | | |
| Please complete the “Continuing Review Personnel Roster eForm” through [InfoEd](https://www.uvm.edu/rpo/infoed_materials/login/) within a new “Continuing review” submission. Once all personnel have been updated on the eForm, click "Save & Complete" on the top right of the page. You will be required to complete the eForm when uploading the “Request for Continuing Review” form to a new “Continuing Review” submission. If the eform is not working, make sure you are using a compatible web browser (not Internet Explorer). | | |
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| **Section 3: Protocol Status (check one) and Grant Status** | | | | | | | | | | |
|  | | **Active** – project ongoing | | | |  | **Completed** – no further activities with animals will be done | | | |
|  | | **Inactive** – check below | | | |  | The file will be closed. | | | |
|  | **Project Temporarily Suspended** – activities begun but presently inactive  **Project has not yet begun** | | | | | | | |
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| **List Current Sponsor** | | | |  | | | **InfoEd Proposal #** | |  | |
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| **Section 4: Record of Animal Use** | | | | | | | | | | |
| **We have provided the animal numbers to you in the continuing review notice. Please reference the notice when you complete this section.** | | | | | | | | | | |
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| **4a. Common Name** | | | | | **USDA Pain Category** | | | **Total Number Approved by IACUC** | | **Total Number Used As Reported by OACM** |
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| **4b.** **If there are any discrepancies with the number of animals used, please rectify with OACM and describe below.** | | | | | | |
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| **4c. Given the numbers above, breakdown how the animals were used by pain level. Please reference your original protocol section A9. For guidance on pain levels go to the following link** [**http://www.uvm.edu/iacuc/uvminfo/pol\_proc\_pages/ppmf\_pain.pdf**](http://www.uvm.edu/iacuc/uvminfo/pol_proc_pages/ppmf_pain.pdf)**.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Common Name** | **Pain Level** | **Total Number Approved** | **Total Number Used to Date** | **Comments**  ***Note: If # used exceeds # approved an amendment must be submitted to the IACUC for approval.*** | | **For non-USDA covered species report the number of D-level and E-level animals used to date.**  **For USDA covered species report the number of animals used to date at all pain levels.** | | | | | |  | E |  |  |  | |  | D |  |  |  | |  |  |  |  |  | |  | C |  |  |  | |  | B |  |  |  | | | | | | | |
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| If you have multiple species at the same pain level, please break out the species information and report the above requested detail here: | | | | | | |
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| **Section 5: Status Report** | | | | | | |
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| **5a. Provide a brief status report of the research activities *(nonscientific update including any problems with procedures)*** | | | | | | |
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| **5b. Since the last IACUC approval have alternatives to the use of animals become available that could be substituted to achieve the specific project aims?** | | | | | | |
| **Yes** | |  | **No** |  | If yes, explain why these alternatives are not feasible for your project. |
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| **5c. Since the last IACUC approval, have alternatives which are potentially less painful or distressful to animals become available that you could use that would allow you to continue to achieve your specific project aims?** | | | | | | |
| **Yes** | |  | **No** |  | If yes, explain why these alternatives are not feasible for your project. |
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| **5d. Have there been any adverse effects/unanticipated problems that have affected animal use, welfare, morbidity, or mortality?** | | | | | | |
| **Yes** | |  | **No** |  | If yes, summarize below including the cause and resolution. |
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| **For protocols undergoing a triennial review you must complete Section 6.**  **For all others you may skip to Section 7 to complete the form.** |

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| **Section 6: Triennial De Novo Review of Research (complete for years 3, 6 , 9, 12 etc.)** | | | | | | | | | | | | | | |
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| **6a. Which studies in the original protocol have been completed during the past three years? Provide narrative description. Do not use tables in this section.** | | | | | | | | | | | | | | |
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| **6b. What is yet to be completed? Provide narrative description. Do not use tables in this section.** | | | | | | | | | | | | | | |
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| **6c. Which parts of the protocol will not be pursued and why?** | | | | | | | | | | | | | | |
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| **6d. Attach a revised table to include what is yet to be completed along with the number of animals required.** | | | | | | | | | | | | | | |
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| **6e. To ensure that there have been no changes to the potential for more than momentary or slight pain or distress, complete the following.** | | | | | | | | | | | | | | |
|  | Database(s) searched (e.g. Medline) | | |  | | | | | | | | | |  |
|  | Date range of the Database Search (use the most inclusive time range) | | | | | |  | | | | | | |  |
|  | Date the Database Search was done | | |  | | | | | | | | | |  |
|  | Key words used in the search (must include species) | | |  | | | | | | | | | |  |
|  | Describe how the relevant literature is archived (check all that apply) | | |  | | Hard Copies | | | | |  | Other list below | |  |
|  | | Electronic Copies | | | | |  | | |  |
|  | State why the search results led you to believe there are no alternatives to procedures that may cause more than momentary or slight pain or distress to animals. List the number of internet hits obtained, and briefly describe any identified alternatives not suitable for the objectives of this study. | | | | | | | | | | | | | |
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| **6f.** | **Attached is a copy of your currently approved protocol. Check here** | | | | | | | |  | **to verify that this corresponds** | | | | |
|  | **to your records. If it doesn’t correspond, check here** | |  | | **and contact the RPO office for further** | | | | | | | | | |
|  | **instructions.** | | | | | | | | | | | | | |
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|  | ***\*Note: A copy of the protocol will only be sent with the initial notice.*** | | | | | | | | | | | | | |

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| **Section 7: Commercial Farms (only applicable when you are collaborating with commercial farms)** | | | | |
| **7.a.** Please list below the farms you are currently working with. No acronyms please. If you need to add an additional farm, you must complete the “Request to Add a Commercial Farm for Purposes of Research or Training” form. | | | |
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| **7.b. Confirm that the following have been reviewed with the farms within the last year.** | | |
| Self-assessment tool  Provisions for training farm personnel in conducting protocol procedures |
|  | **Confirm by Checking Here** |

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| **Section 8: Future Plans** | | |
|  | **No changes are planned and the project will continue as previously 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 the revised pages of the protocol. The amendment may be submitted along with this continuing review however, amendments require a separate review and approval. | |
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|  | **Other. Provide a brief explanation.** | |
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| **Section 9: Additional Comments** | | | | | |
|  | Provide any additional comments that the IACUC should be aware of that may impact this continuing review. | | | | |
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| **Section 10: Principal Investigator Certification** | | | | | |
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|  | Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution’s policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. As required by Federal regulations, I confirm that the activities described herein do not unnecessarily duplicate previous experiments, and that the animal models proposed are the most appropriate for achieving the objectives of this project. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements. | | | | |
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|  | Signature of the Principal Investigator | |  | Date |