IACUC: Protocol Renewal

Protocol Renewal Form for Animal Care and Use

The IACUC consists of scientists from several disciplines as well as non-scientists, members of the Marietta College community, and persons who have no other affiliation with the Marietta College than as members of the Committee. The protocol should therefore be described in terms understandable by an audience of educated non-specialists. Please return one electronic copy of the completed protocol (and any associated materials, such as permits) to the Chair of the IACUC.

Original Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Protocol Assigned ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Any Co-Investigators with their Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Protocol (check one):

Top of Form

 Faculty Project

 Student Project (Faculty Supervisor):

 Class Project (Course Name, Number, and Instructor):

 Other (Specify, with Faculty Supervisor if Applicable):

Bottom of Form

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please allow at least two weeks from submission date for approval.*

Duration of Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the investigator and faculty research advisor assure that this project will be conducted in accordance with this protocol, and that proposed changes to the procedure will be submitted to the IACUC for review before implementation.

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Primary Investigator(s) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor Signature Date

**This form should only be used for an ongoing project with no changes to the protocol.**

1. **Protocol Summary**: Provide a brief summary of the protocol to be used (no more than 200 words).
2. **Animal Species**
   1. Number of animals used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      1. If this is different from the original, please provide a rationale for this difference, including any adverse events, morbidity, or mortality.
   2. Species of animals used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Location of animals used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Personnel**
4. List all individuals other than the principal investigator expected to be involved with the animals in this project (If classes are used, provide the course number, section, and name).
5. Provide a statement about the qualifications of project personnel including technicians and students. If personnel are not adequately trained, explain your plan for training them (including lab/class training).

**For questions, comments, or assistance in completing the form, contact the IACUC Chair (email on IACUC website).**