

**SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE  
ANNUAL EVALUATION OF APPROVED ANIMAL USE PROTOCOLS**

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

Protocol Number \_\_\_\_\_

Title of Protocol \_\_\_\_\_

1. Do you intend to continue research or teaching activities as specified in the above protocol?

**Select YES NO- protocol can be deactivated**

2. Do you propose to use the same species, strain, vendor, and number of animals stated in the original protocol?

**Select YES NO** If No, describe changes:

3. List all personnel presently doing animal work under this protocol:

(Note - All individuals must be approved to work on the protocol either on the original submission or by additional personnel request. If any individual listed here has not been previously approved, please submit an additional personnel request with this form.)

4. Are there any changes in methodology that are not described in the protocol or approved amendments (surgery, analgesics, anesthetics, injection routes, blood collection, euthanasia, restraint, hazardous agents, breeding)?

**Select YES NO** If Yes, describe:

(Note - Any major changes in methodology will be reviewed at the next convened quorum of the IACUC.)

5. Has there been any change in your health status or that of your staff while working with animals?

**Select YES NO** If Yes, you must get an updated physical and evaluation by medical staff to continue your work with animals.

I certify all the information provided is accurate and complete.

Signature \_\_\_\_\_  
(Principal Investigator)

Date \_\_\_\_\_

\* click [here](#) to learn more about creating a Digital ID

Approved by \_\_\_\_\_  
(IACUC Chair)

Date \_\_\_\_\_

Completed form may also be physically signed and mailed to the IACUC at Mailcode 4709.