

The University of Scranton  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

**PROTOCOL RENEWAL FORM** (Rev 06/2018)

**THIS FORM MAY ONLY BE USED IF NO CHANGES HAVE BEEN MADE TO YOUR ORIGINAL PROTOCOL**  
(with the exception of a change in the number of animals).

INVESTIGATOR(S): \_\_\_\_\_

PROTOCOL # \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

*In order to avoid a lapse in the approval period, respond to the following questions in sufficient detail so the IACUC can evaluate your application for approval for another year. If answers to items 2 through 5 are affirmative, explain on a separate sheet of paper.*

1. State the number of animals studied in the previous year by species and strain: \_\_\_\_\_
2. Will the number of animals originally requested change this year? If yes, justify. (Circle One)  
Yes No
3. Have any adverse effects been observed, or unanticipated problems occurred, in the previous study? If yes, describe. Yes No
4. Are alternatives to the use of animal models now available for carrying out your research? If yes, explain why these are not being used. Yes No
5. Has there been any progress made toward reducing animal number, restraint, pain/discomfort in your studies, compared with your previous study period? If yes, describe. Yes No
6. Will students or research technicians/assistants other than those named in your original protocol be involved in this research? If so, list their names. Yes No

\_\_\_\_\_  
*(Appropriate training certifications must be completed before they are permitted to work with the animals.)*

7. If applicable, list the external funding agency and grant/contract number: \_\_\_\_\_

**INVESTIGATOR'S ASSURANCES**

The information given in response to the questions above is accurate and I understand that prior to initiating changes in my research protocol affecting the use and care of laboratory research animals, IACUC approval must be obtained.

By October 31 of each year, I will provide the IACUC with annual report containing the species and number of animals used in each of my approved protocols.

I will notify the IACUC, in writing, if animals purchased for this protocol are transferred to another investigator for use in a different protocol.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY:

\_\_\_\_\_  
Signature of IACUC Chair

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

The approval of your protocol has been continued for the period from

\_\_\_\_\_ to \_\_\_\_\_

NOTE: Faculty ordering animals to be housed in the Loyola Animal Facilities must have the signature of the Facilities Director (or designee) before the purchase order can be processed.

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*Return this completed form to Dr. Gary Kwiecinski, LSC292. If your responses are found to be acceptable, a signed copy of this form, indicating approval, will be returned to you.*

*If you do not return this form prior to the expiration date, your protocol approval will expire; all work must cease immediately; and submission as a new protocol will be required.*