



DREXEL UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

PERIODIC REPORT FORM

Assurance # A3222-01
USDA Registration # 23-R-0180

This periodic report is to be completed at the end of the first and second year of the protocol. Protocols expire at the end of the third year; to continue the study, a de novo application must be submitted.

PROJECT INFORMATION

<i>Project Title (must exactly match grant title if externally funded)</i>		<i>Sponsor:</i>
<i>Protocol Number:</i>		<i>Project Number:</i>
<i>Initial Approval Date</i>	<i>Annual Review Date</i>	<i>Expiration Date</i>

INVESTIGATOR PROFILE

<i>Principal Investigator:</i>	<i>Department:</i>
<i>Email address:</i>	<i>Phone Number:</i>

STUDY STATUS

<i>This Periodic Report is for the end of:</i> a. <input type="checkbox"/> <i>first (1st) study year</i> b. <input type="checkbox"/> <i>second (2nd) study year</i>	
<i>This study is:</i> a. <input type="checkbox"/> <i>Ongoing</i> b. <input type="checkbox"/> <i>Completed</i> c. <input type="checkbox"/> <i>Discontinued</i> d. <input type="checkbox"/> <i>Otherwise ended.</i>	
<i>If you checked b, c, or d, above, do you wish to terminate this protocol?</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

Section I – Adverse Events / Unexpected Outcomes

1. <i>Have there been any adverse events or unexpected outcomes involving animals on this protocol that have not already been reported to IACUC?</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>If yes, describe:</i>	
2. <i>Have there been any problems or accidents involving hazardous substances or exposure of workers to hazardous substances?</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>If yes, describe:</i>	

Section II – Changes to Protocol

1. Does the protocol need to be amended to accommodate any changes that have been or will be made? Yes No

If yes, please complete and attach a protocol amendment form to this report.

2. Please confirm all locations outside of the ULAR facilities where live animal work is performed by listing these locations in the table below:

Building	Room

Building	Room

Section III – Training and Occupational Health Certification

For each person working on the protocol: CITI Training must be renewed every 3 years, and occupational health certificates must be renewed annually, i.e., every 12 months.

Personnel on Protocol	Date of CITI Training “Working with the IACUC Investigators, Staff and Students” Base Module or Refresher Course	Date of Occupational Health Certification

Section IV – Field Studies
(Complete this section ONLY if your protocol involves studies conducted in the field.)

Indicate in the table below the species and number of animals used/observed in field studies:

Species (common name)	Number

Species (common name)	Number

Section V – Breeding

(Complete this section ONLY if your protocol involves breeding of animals.)

All monthly breeding reports **must** be submitted to ULAR prior to the IACUC renewing this protocol for another year.

1. Monthly breeding reports not previously submitted to ULAR have been attached to this report. Yes No N/A
2. Breeding schemes used on this protocol (check all that apply): Monogamous Trio
3. Have there been any adverse events or outcomes associated with this breeding scheme or with your breeding colony? If yes, please describe below: Yes No

Section VI – USDA REGULATED SPECIES, GRANTS AND CONTRACTS FROM DOD OR VA

(Complete this section ONLY if your protocol involves USDA regulated species, OR is funded by grants or contracts from the Department of Defense or Veteran’s Administration.)

1. **PROGRESS REPORT.** Please provide a brief update on the progress made in achieving the specific aims of the protocol.
2. **PROBLEMS/ADVERSE EVENTS.** Please describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.
3. Have there been any changes that would allow the replacement, reduction or refinement of the animal model used in this protocol? Yes No
If yes, describe:

4. **ANIMAL NUMBERS.** Please complete the table below indicating number of animals:

Species	Number approved for the protocol	Number used on this protocol

Certification of Principal Investigator:

I attest that the information I have provided above is correct to the best of my knowledge. This protocol does not unnecessarily duplicate previous research

Name of the Principal Investigator (typed):

Signature:

Date:

Once you have completed, printed, and signed this form, scan it and create an Adobe PDF file. Alternatively, convert the completed form directly to an Adobe PDF file and electronically sign the form using the E-signature feature of Adobe Acrobat. Send the completed form by e-mail as an attachment to iacuc@drexel.edu.

