

Institutional Animal Care and Use Committee (IACUC) St. Cloud State University

Continuing Review/Final Report

St. Cloud State University requires all research activities involving animals—whether or not they are supported by Federal funds—to comply with the Animal Welfare Act Regulations, Public Health Service Policy, Guide for the Care and Use of Animals and Guide for Care and Use of Agricultural Animals in Research and Teaching. According to this policy, ongoing research activities involving animals must be reviewed by the IACUC on at least an annual basis. In some cases, when research causes significant pain or distress to the animals, the IACUC may require more frequent reviews. This Continuing Review/Final Report form must be submitted to and approved by the IACUC before your study expiration date (annual unless otherwise indicated by the IACUC).

Principal Investigator:

Project Title:

SCSU IACUC#:

Original Protocol Approval Date:

1. Please indicate the status of your project.

This form also serves as a **Final Report**:

- ☐ Project has been completed.
☐ The project has not and will not be conducted. Please explain:

This form serves as a **Continuing Review**:

- ☐ Research continues but no changes have occurred.
☐ Research continues and anticipate changes to occur (must attach amendment form)

2. How many animals have participated in your study? Initial: Supplemental:

3. Describe any injuries (animal/student/investigator) related to your protocol:

4. Were there any unforeseen intrusions (equipment failure, power outages, weather, etc.) during the project that caused unexpected animal trauma? ☐ No ☐ Yes, describe:

5. Were there any animals unused during the testing procedure? ☐ Yes ☐ No
If yes, what happened to the animals? (properly disposed of, available for other use, etc.)
Explain:

6. Have any research alternatives become available? Has any literature been updated which no longer justifies the animal use for species, # of animals, etc.?
☐ No ☐ Yes, explain:

7. Have any changes been made to your research as outlined in the original protocol? Have any amendments to the protocol been filed and approved (provide approval #/date) OR submitted and pending approval (provide date)?
☐ No ☐ Yes, explain:

Principal Investigator Signature _____ Date _____