Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Animal Care and Use Committee web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IACUC evaluation process. Complete all sections of the protocol application (indicate N/A in the section not applicable to your protocol). "See attached proposal" or “See the previous section” are not an acceptable responses.

Enter information by clicking the [ ]  box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IACUC website**](http://research.umbc.edu/institutional-animal-care-and-use-committee-animal-care-use/) **for all up-to date guidance and information regarding the below questions.**

Investigator/Instructor: Click here to enter text.

Check one:

**Year 01** [ ]

**Year 02** [ ]

Phone/E-mail: Click here to enter text.

Protocol Title: Click here to enter text.

IACUC Approval #: Click here to enter text.

IACUC Approval Date: Click here to enter a date.

Is the above approved protocol still active? [ ]  Yes [ ]  No

If ***Yes***, complete the below and sign; if ***No***, sign below and return to the ORPC.

**Animal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Animals as specified in approved protocole.g. Laboratory Mouse, *Mus musculus,* BALB/c | Number of Animals per protocol | Number of Animals use in this reporting period | Difference | Has the source of animals changed? If yes, explain below.  | Where housed (room #) |
| *Common Name* Click here to enter text.*Latin Name* Click here to enter text.*Strain* Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| *Common Name* Click here to enter text.*Latin Name* Click here to enter text.*Strain* Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| *Common Name* Click here to enter text.*Latin Name* Click here to enter text.*Strain* Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  **TOTALS =============🡺** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |  |  |

**Were there any unexpected reactions, spontaneous deaths, or basic problems with the model during the past year?**

[ ]  Yes If yes, how many animals were affected and please explain.

[ ]  No

Explanation: Click here to enter text.

**Are anticipating changes during the next year of approval?** [ ]  Yes [ ]  No

**If so, please submit a** [**request for change**](http://research.umbc.edu/post-approval-administration/) **prior to implementing this changes.**

**By typing your name, email address and date, the investigator(s) certify they will abide by all UMBC IACUC policies and procedures and understand that no research activities will be conducted with animals prior to obtaining the required approvals.**

Investigator’s Signature: Click here to enter text.

Email: Click here to enter text.

Date: Click here to enter a date.

**Electronically submit the protocol and any accompanying documents to** **iacucsubmissions@umbc.edu****.**

Protocol Annual Review – year 01 and 02 – 04/12/2016