

Protocol #	
Date of submission	

Animal Study Proposal (ASP) – Annual Review
(Please return completed forms to the IACUC Manager)

Principal Investigator
Protocol #
Protocol Title

Protocol Approval Date

Department:

Email:

1. Please provide details of how many animals have been used in the study to date. If more than three species were used, please continue on page 2.

Species:							
Year 1:		Year 2:		Year 3:		Total:	
Species:							
Year 1:		Year 2:		Year 3:		Total:	
Species:							
Year 1:		Year 2:		Year 3:		Total:	

2. Is this study still active?

Yes:
No:

Provide date of completion: _____

3. Are there personnel changes to the protocol?

Yes:
No:

Complete the Personnel Addition Form and attach it to the annual review.

4. Are changes requested?

Yes:
No:

Continue on page 2 or attach amendment.

5. In your judgment, has the level of animal pain or discomfort changed since the study was first approved? Or, were there any unanticipated adverse events or mortality issues?

Yes:
No:

Provide an explanation on page 2.

6. Is the study being conducted in the same locations as identified in the approved protocol?

Yes:
No:

New location(s):

7. What is the expected termination date of the study?

I certify that the work is being carried out in accordance with the approved Animal Study Protocol and with the principles set forth in the Guide for Care and Use of Laboratory Animals. I will promptly report any changes to the Institutional Animal Care and Use Committee.

Principal Investigator _____ Date: _____

IACUC Chair _____ Date _____

Send to IACUC Manager
#0101 Lee Building
graebel@umd.edu

Please use this page to provide any additional information
that the IACUC should be aware of.

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