



University of Illinois at Springfield
Institutional Committee for the Care and Use of Animals (ICCUA)
Continuing Review of an Existing Animal Care and Use Protocol

A. Protocol Information

Project/Course Title: _____ Protocol # _____

Protocol Type: Research Instruction Other: _____

Date of Initial Approval: _____ Funding Source: _____

B. Principal Investigator/Course Instructor Information

PI or Instructor Name & Title: _____ Department: _____

Phone: _____ Email: _____ Mail Stop: _____

Co-I Name and Title: _____ Dept/Other institution: _____

Phone: _____ Email: _____

Faculty Advisor Name and Title: _____ Department: _____

(if applicable, students submitting forms must identify their faculty advisor)

C. Indicate the status of this protocol:

- Active – project ongoing
- Inactive – project was initiated but is presently inactive
- Not yet initiated

Certifications and Assurances:

By signing below, I certify the accuracy of the information provided and reassert my intention to conduct the project according to the ICCUA approved protocol, and to abide by all policies and procedures (University, state and federal) governing projects involving the care and use of animals.

Principal Investigator's Signature

Co - Investigator's Signature

Date: _____

Date: _____

Faculty Advisor signature (Required for all student-led protocols)

Date

Submit this completed form and all attachments to Grants, Contracts and Research Administration, MS PAC 525, by the deadline indicated on the ICCUA website <http://www.uis.edu/grants/iccu/index.html>



Continuation Research Protocol – provide responses to all of the following items. If an item is not applicable for your study please state so explicitly.

1. Identify the species and number of animals that have been used to date.
2. Describe any unanticipated adverse event, morbidity or mortality, the cause(s) if know, and how these problems were resolved. If NONE, then indicate such.
3. Describe any changes in the research methods since the protocol was approved. If NONE, then indicate such.
4. If the project involves USDA Pain Category D or E (as disclosed on the original protocol), indicate whether alternatives which are potentially less painful or distressful have become available that could be used to achieve your specific project goals. Is yes, explain how those alternatives will be used or, if not used, why they are not appropriate for this project.