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***Highlands Biological Station***

***Institutional Animal Care and Use Committee***

**Animal Use Protocol | Renewal Request Form**

This form may be used to request annual renewal of an approved project. **Please note that this only applies to projects requiring annual review; for most projects, the approval period is 3 years and a new full submission is required on expiration.** Please reference your original approval letter to determine if annual review is required.

Please return the completed form and any new/updated permits to costa@wcu.edu and jlove@wcu.edu.

1. **Administrative Information**

Principal Investigator:

University/Department:

HBS IACUC Protocol Number:

Study Title:

Funding Source, if applicable:

1. **Study Status**
2. Status of current study:

[ ]  Active

[ ]  Inactive. Anticipated start date if study has not yet begun:

[ ]  Complete

1. Please describe the progress of the study to date:
2. Are you requesting any modifications to your study at this time?

[ ]  No

[ ]  Yes. If yes, please also complete and submit the HBS IACUC Modification Request Form (available under IACUC at https://highlandsbiological.org/information-for-researchers/).

1. Are you requesting any change in personnel to your study at this time?

[ ]  No

[ ]  Yes. If yes, please list new personnel involved in the study.

1. Please provide an accounting of animal usage at HBS during the past year, if any (indicate None if inapplicable). Add additional lines as necessary.

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| --- | --- | --- | --- |
| **Species**  | **USDA Pain Category (B,C,D,E)** | **Total Number Approved on original submission** | **Total number used since the last date of IACUC approval** |
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| **USDA Pain & Distress Categories** |
| B | Animals are held for breeding purposes or observation (ex. Camera trapping studies) |
| C | Minimal, transient, or no pain/distress (ex. Live trapping, AVMA approved euthanasia) |
| D | Pain or distress relieved by appropriate measures (ex. surgery, biopsies, limb-snips) |
| E | Unrelieved pain or distress (ex. Food deprivation, immobilization of conscious animal) |

1. **Unanticipated or Adverse Events**
	1. Have there been any complaints, unanticipated problems, or serious adverse events since the project was last reviewed?

[ ]  No

[ ]  Yes. If yes, please ensure you have completed and submitted an HBS Adverse Event Reporting Form (available under IACUC at https://highlandsbiological.org/information-for-researchers/)

* 1. Since the last review, have there been any findings from the study or relevant literature that may impact the study or animal welfare?

 [ ]  No

 [ ]  Yes. If yes, please provide detailed explanation:

1. **Principal Investigator Statement**

By submitting this application, the Principal Investigator certifies the statements made in this request are accurate and complete. The Principal Investigator accepts responsibility for ensuring that all aspects of the study procedures are completed as described in the IACUC approved application and agrees to comply with all IACUC communication. The Principal Investigator will not commence work on the procedures described in this proposal until notice of approval is received from the IACUC.

The Principal Investigator will:

* Immediately inform the HBS IACUC of any unexpected or emergent problems or study deviations that impact the welfare of the study animals
* Submit written amendments and receive IACUC approval prior to initiating significant procedural changes
* Train all research personnel in appropriate animal care and use
* Retain all documents and correspondence with the IACUC related to these study procedures for at least three years

 PI Signature Date