**IACUC**

**Certification for Project Review**

**for Research and Teaching Involving Animal Subjects**

***(to be completed after each review)***

**Project Title:** Click here to enter text. **IACUC Number:** Click here to enter text.

**Faculty/Staff Investigator**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**Student Investigator,** If applicable**:**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**Project Status:**

**A = Active** – Project ongoing

The primary principal investigator must sign this form.

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**Principal Investigator or Student Date**

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**Faculty/Faculty Advisor Date**

**IRB Use Only**

**Review Criteria:**

**Risk Assessment and Monitoring** (any new information provided that would alter the IACUC’s previous conclusion that (1) risks to subjects are minimized, and (2) the risks to subjects are reasonable in relation to anticipated benefits, if any, to the subjects and the importance of the knowledge that may reasonably be expected to result.

**Investigator and Institutional Issues** – changes in investigator’s situation or qualifications;

evaluation, investigation, and resolution of complaints related to the investigator’s conduct of

research; changes in the acceptability of the proposed research in terms of institutional

commitments, and applicable regulations, state and local law or standards of professional

conduct or practice.

**Research Progress** – Continuing review information is consistent with IACUC-approved

protocol.

**IACUC Use Only**

Continuation of Research Approved (no modifications)

Continuation of Research Approved (with the following modifications)

Continuation of Research Suspended or Terminated (Explain)

(IACUC Administrator will complete the *IACUC Project Termination/Suspension Form*)

Research completed

(IACUC Administrator will complete the *IACUC Project Completion Form)*

Next Review Date (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IACUC Chair Date**

cc Provost/Vice President for Academic Affairs and Student Services

Principal Investigator