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| **INSTRUCTIONS**:  The continuing review form is submitted to the IACUC annually. This check-in helps to inform the IACUC of the status of your project.   * E-mail [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu) for any questions you may have regarding this form. |

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| Principal Investigator: | Enter text |
| IACUC #: | Enter text |
| Project Title: | Enter text |
| Date of Initial Approval: | Enter text |
| Project Funding: | Enter text |

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| 1. **Project Status**:   Active – Project ongoing.  Currently Inactive – project initiated but on hold.  Inactive – project never initiated.  Completed – no further activities with animals will be conducted.  If you selected **currently inactive**, please provide a brief description of why the project is on hold and if you plan to continue.  Enter text  If you selected **inactive, and do not plan to initiate,** please **STOP** completing this form and instead submit a [closure form](https://www.bowdoin.edu/grants-office/research-compliance/iacuc/submissions-to-the-iacuc/index.html) to [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu).  If you selected **completed**, please complete this form and submit it with a [closure form](https://www.bowdoin.edu/grants-office/research-compliance/iacuc/submissions-to-the-iacuc/index.html). |
| 1. **Record of Animal Usage:**   How many animals were used during the last year (reporting period)?   | Species | USDA Animal Use Category  (“C”, “D”, or “E”) | Total # Approved | Total # used since the last annual review | | --- | --- | --- | --- | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | |
| **3. Progress Report**:  Provide a brief update on the progress made in achieving the specific aims of the protocol over the last year.  Enter text |
| **4. Problems/Adverse Events:**  Have you encountered any problems or adverse events?  No  Yes  If **yes**, please describe any problems or unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved.  Enter text |
| **5. Personnel Changes:**  Have there been any personnel changes since the last annual review?  No  Yes  If **yes,** please submit a [Personnel Only Amendment Form](https://www.bowdoin.edu/grants-office/research-compliance/iacuc/submissions-to-the-iacuc/index.html) to [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu). |
| **6. Alternatives to Animal Use:**  Alternatives to the use of animals should be considered and used when possible.  Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims?  Enter text |
| **7. Alternatives to Potentially Painful Procedures:**  Complete this section if your project involves USDA Category D or Category E. If this does not apply to your project, please type “N/A” below.  Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible.  Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims?  Enter text |
| **8. Future Plans:**  No changes are planned, and the project will continue as previously approved by the IACUC.  Changes are planned. Provide a description and justification for the proposed changes below. Depending on the change, an [IACUC Amendment Form](https://www.bowdoin.edu/grants-office/research-compliance/iacuc/submissions-to-the-iacuc/index.html) may need to be submitted with this continuing review.  Enter text  Other. Provide a brief explanation.  Enter text |
| **9. Certification of the Principal Investigator:**  *I certify that the answers provided on this form are complete and accurate. I also affirm that my research activities have not deviated from the current IACUC-approved protocol and will be conducted in accordance with all state, federal, and college regulations.*  **By checking this box, I confirm that I have read and agree with the statement above.** |
| **10. Applicant Remarks (optional):**  Enter text |