* A CLOSING REPORT is required for projects that have been completed/closed and will no longer continue using animals.
* Any changes in personnel/staff requires a Personnel Amendment.
* Any proposed changes in procedures, anesthesia, or animal numbers require an amended Protocol with revisions in RED font
* Please attach any Amendments with the Annual Report
* PLEASE TYPE AND SUBMIT REPORT VIA IRBNET

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| 1. **Project Information**
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| --- | --- |
| Protocol Title: |   |
| PI: |   |
| Protocol #: |   | IRBNet ID: |   |
| Date of Initial Approval: |   | Annual Report Year: | [ ]  Year 1 [ ]  Year 2 |
| Funding Source: |   |

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| 1. **Project Status**
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| 1. Indicate the Status of the project:
 |
| [ ]  Active – Project ongoing[ ]  Currently Inactive – Project initiated but presently inactive [ ]  Inactive – Project never initiated  |
| 1. Briefly describe the progress in the past year including activities and/or specific aims which were achieved.
 |
|   |
| 1. Indicate if any changes will be made to the protocol and attach the appropriate amendments with report.
 |
| [ ]  No changes[ ]  [Personnel Changes](http://research.utep.edu/Default.aspx?tabid=74595) [ ]  [Procedural Changes](http://research.utep.edu/Default.aspx?tabid=74595)  |

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| 1. **Animal Usage**
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| 1. List all species that were approved for use, regardless of whether or not a given species actually was used. Be sure to include species and numbers that may have been added to the protocol by amendments. Add rows if needed
 |
| Species | **Stain** | **Total # Approved** **(include amendments)** | **Pain Category** | **Total Used** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| Total: |   |
| 1. Did the number of animals used exceed the number approved?
 |
| [ ]  No [ ]  Yes  |
| * 1. If yes, provide a detailed explanation of the circumstances that resulted in the overuse of animals.
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| 1. **Adverse events**

List any events, surgical complications, infections, drug reactions, mortality, animal death, and other such events that were expected or unexpected for the approved protocol. If none were encountered, that should be specified. |

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| 1. EXPECTED
 |
| Adverse Event: |   |
| Corrective measures: |   |
| 1. UNEXPECTED
 |
| Adverse Event: |   |
| Corrective measures: |   |

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| 1. **Certification of the Principal Investigator.**
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| By submitting this annual report electronically certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements. |