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| **FOR FLORIDA INSTITUTE OF TECHNOLOGY IACUC USE ONLY** | | | | |
| IACUC Number: |  | Receipt Date: |  | |
| 2nd year approval date: |  | IACUC Reviewer/Designee Signature: | | |
| 3rd year approval date: |  |  |  |  |

**ANIMAL USE ANNUAL REPORT**

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

Florida Institute of Technology, 150 West University Blvd., Melbourne, FL 32901

[iacuc@fit.edu](mailto:iacuc@fit.edu)

Note: If you experience issues with entering text, click in the right margin outside the horizontal plane of any check boxes.

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| **Check as applicable:** | | | | |
| Year 1 | Year 2 | Request renewal | Request inactivation | Year 3 |

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| **Principal Investigator:** | Click here to enter text. |
| **Project Title:** | Click here to enter text. |

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| Yes | No | Have there been any changes in the animal component of the project (i.e., increasing by small numbers additional animal subjects, changing the route of administration of drugs, dosages, housing, etc.), the addition of new personnel, or changes to sponsored funding mechanisms? **If yes, an Amendment Form must be completed and attached.** |
| Yes | No | Were there any unexpected reactions, spontaneous deaths, or basic problems with the animal model during the past year? **If yes, explain below (include number of animals affected, how adverse effects or problems were managed).** |
| Click here to enter text. | | |

|  |  |
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| Total number of animals used in this reporting period: | Click here to enter text. |
| Location of animal housing (building + room number): | Click here to enter text. |

The information I have supplied above is an accurate description of all procedures involving live animals in this project. I certify that the individuals approved to work on this project are authorized to conduct animal procedure involving animals under this proposal, have attended the required institutional training and have the requisite training in: the biology, handling, and care of the species; aseptic surgical methods and techniques (if applicable); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if applicable); and procedures for reporting animal welfare concerns. I certify that I am familiar with and will comply with all pertinent institutional, local, state, and federal rules and policies.

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| Signature of Principal Investigator | Date |