University of Texas at San Antonio

Institutional Animal Care and Use Committee

**ANNUAL PROGRESS REPORT (APR) OF USDA COVERED SPECIES**

**Instructions:**

1. SECTION A: Please review; add comments if necessary.
2. SECTION B: To be completed by the PI
3. Return to [IACUC@utsa.edu](mailto:IACUC@utsa.edu)

# SECTION A – Please Review; add comments if necessary.

# GENERAL INFORMATION – Summary of progress following an approved animal-use protocol.

|  |  |
| --- | --- |
| **PROTOCOL #** |  |
| **PRINCIPAL INVESTIGATOR** |  |
| **CO-P.I.** |  |
| **PROTOCOL APPROVAL DATE** |  |
| **PROTOCOL EXPIRATION DATE** |  |
| **PROTOCOL TITLE** |  |
| **PROJECT LAY DESCRIPTION** | |
|  | |

|  |
| --- |
| **PROJECT AMENDMENTS** |
|  |
| **PROJECT LAY DESCRIPTION** |
|  |

# SECTION B – To be completed by the PI

### This report describes progress for (check one): Year 1 Year 2

### Have there been any unforeseen problems, unexpected morbidity / mortality or debilitation of animals?

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |
| **If YES, please provide details below:** | |
|  | |

### Have there been any substantial changes to the project for which an amendment has NOT been submitted and approved by the IACUC? Changes made to the project without IACUC approval may be reportable to the project funding agency.

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |
| **If YES, please provide details below and submit an** [**amendment form**](http://research.utsa.edu/research-funding/institutional-animal-care-and-use-program_new/) **to the IACUC Office:** | |
|  | |
| **I wish to remove the following individuals from this protocol:** | |
|  | |

### Do you wish this protocol to remain active?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | | | |
|  | **NO** | | | |
| **If NO, check one of the options below** | | | | |
|  | **Close Immediately** |  | **Close at protocol expiration** |
| **Reason for protocol closure** | | | | |
|  | | | | |

**I certify that the above information is true and that I will continue to abide by the procedures described in this protocol. If any changes are required to my project I will make a written application to the IACUC in advance for approval of proposed changes. I also certify that my research team and I are qualified to perform the proposed procedures and will comply with all federal, state and local laws and guidelines regarding the use of animals in research.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **I agree** | **DATE** |  |

1. **Return to** [**IACUC@utsa.edu**](mailto:IACUC@utsa.edu)

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOTES (For IACUC use only)** | | | | |
| **Date Received:** | | | | |
| **Date Scheduled for IACUC Review:** | | | | |
|  | **Reviewed by FCR** |  | **Reviewed by DMR** |
| **Date APR Reviewed:** | | | | |