FINAL PROGRESS REPORT

1. PRINCIPAL INVESTIGATOR INFORMATION:

Principal Investigator:

DU ID#:

Position/Title:

Department/College:

Office/Cell Phone #:

Email Address:

Current Protocol Registry Number:

Project Title:

2. DURING THE PAST YEAR:

2.1. Choose which option best describes the study:

☐ The study was active. COMPLETE ALL PAGES.
☐ The study was not active and no animals were used. COMPLETE Page 1 and Closing Section only.

3. FOR THE COMING YEAR:

3.1. Choose which option best describes the continuation of this research:

☐ This research will continue and I have submitted a new protocol.
☐ This research will NOT be continued.

4. ASSURANCE STATEMENT:

4.1. I confirm that I have reviewed the Principal Investigator Agreement (Section F) that I executed as part of the original protocol application and I hereby certify that the study has been conducted in accord with that agreement.

☐ I AGREE ☐ I DO NOT AGREE

5. Personnel Continuing Education:

5.1. For each researcher listed on the protocol, please list their name, and the date and instructor of all training sessions attended in the past year. (Attendance at one in-session training led by DU's Attending Veterinarian is required per researcher, per year.)

6. Species Used:

6.1. List animals which were used under the approved protocol (READ NOTES PRIOR TO PROCEEDING):

NOTE 1: For each species approved on the protocol, indicate the number CURRENTLY approved (include amended numbers increases) by the IACUC. Also report the number actually received OR use since the new protocol approval date.

NOTE 2: Neonates which are genoptyped prior to weaning should be included in the 'Neonates Used in Procedures.'

NOTE 3: If the number used exceeds the number approved, you must attach an explanation of how that overuse occurred and how such overuse will be prevented in the future.

NOTE 4: 'Number Used' includes ALL experimental animals, ALL animals used for training within this protocol, and ALL animals which were purchased but were not needed to conduct the experiment.

NOTE 5: For purposes of this report, only adult animals and neonates (birth to weaning) should be considered. Embryo numbers are required only on the protocol (do not report on this Final Progress Report).

TABLE 6.A. ADULT ANIMALS

To add additional species, please attach a separate document.

ALL ADULT ANIMALS (list by common name each species on this protocol)	NUMBER APPROVED	NUMBER USED	NEONATES USED IN PROCEDURES (list by common name each species on this protocol)	NUMBER APPROVED	NUMBER USED

7. NEONATAL ANIMALS:

7.1. Were animals born (e.g. mammals: birth; aquatic/avian: no yolk sac; other: free moving) under this protocol? Please select the answer(s) that is/are applicable to this annual report:

☐ There were no animals born on this protocol since approval.
☐ Animals were born. All animals born were used for research, testing, or teaching and are listed in the chart above.

8. SUBRECIPIENT MONITORING:

8.1. Please select the answer that is applicable to this annual report:

☐ All animal work was performed at DU
☐ Some or all of the animal work was funded by DU managed funds or grants, but was performed at another institution.

8.2. Name of the institution where the subcontract /subrecipient/collaboration was performed:

8.3. The other institution's protocol number for DU funded animal related activity:

8.4. Expiration date of the other institution's approved animal activity?

NOTE: If there are multiple collaborative institutions associated on this protocol, you may provide the additional information as an attachment.

9. ADVERSE EVENT REPORTING:

9.1. During this reporting period, did you encounter any unexpected mortality, morbidity, disability, infection, or other event that adversely affected animal welfare? Please select the answer that is applicable to this annual report. This response applies to adverse events (non-compliance and/or semiannual inspection deficiencies) which occurred at DU or at collaborating or sub-recipient institutions using DU managed funds or grants.

☐ NO, unexpected adverse events were not encountered.
☐ YES, there were unexpected adverse events. I filed an adverse/unanticipated event notification at the time of the event.

9.1.A. Describe the unexpected adverse events and the impact on the welfare of your animals.

9.1.B. Describe the measures that were taken to alleviate, minimize, or prevent recurrence of those adverse events.

10. CONTROLLED SUBSTANCES:

Please select the proper responses regarding use of controlled substance (e.g., experimentation, anesthesia, analgesia, sedation, euthanasia) as they relate to this protocol.

10.1. Did this protocol involve the use of controlled substances for this reporting period?

☐ NO. Controlled substances were not used during this reporting period. (This section is complete. Skip to Progress Report).
☐ YES. Controlled substances were used during this reporting period. Answer A, B, C, & D below:

10.1.A. The C. S. Registrant is:

10.1.B. Colorado DHHS & Federal DEA Numbers:

10.1.C. List the C.S. used this year(ketamine, pentobarb, etc):

10.1.D. Location of C.S. cabinet (Bldg, Rm #):

11. PROGRESS REPORT:

11.1. Briefly describe progress toward achieving the scientific or educational objective of the study. The discussion should provide a general overview of the benefit gained. The detailing of experimental findings or educational achievements is unnecessary. Do not exceed the space provided.

12. CLOSING:

Please select one of the following action items.

☐ Please close this protocol now.
☐ Please close this protocol at its expiration date.

Expiration Date: