* A CLOSING REPORT is required for projects that have been completed/closed and will no longer continue using animals.
* 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 TO IACUC Chair (<iacuc@lssu.edu>)

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| A.Project Information | | | | | | | | | |
| Protocol Title: | |  | | Click or tap here to enter text. | | | | | |
| PI: | |  | | Click or tap here to enter text. | | Student/CI: | | Click or tap here to enter text. | |
| Protocol #: | |  | | Click or tap here to enter text. | | Today’s Date: | | Click or tap to enter a date. | |
| Date of Initial Approval: | |  | | Click or tap to enter a date. | | Annual Report Year: | | Year 1 Year 2 | |
| Funding Source: | |  | | Click or tap here to enter text. | | | |  | |

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| B.Project Status |
| 1) Indicate the Status of the project: Click or tap here to enter text. |
| Active – Project ongoing  Currently Inactive – Project initiated but presently inactive  Inactive – Project never initiated |
| 2) Briefly describe the progress in the past year including activities and/or specific aims which were achieved. |
| Click or tap here to enter text. |
| 3) Indicate if any changes will be made to the protocol and attach the appropriate amendments with report. |
| No changes  Personnel Changes  Procedural Changes |

|  |  |  |  |  |
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| C.Animal Usage | | | | |
| 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 | Strain | Total # Approved (include amendments) | Pain Category | Total Used |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Total: | | | | Click or tap here to enter text. |
| 2) Did the number of animals used exceed the number approved? | | | | |
| No  Yes | | | | |
| a) If yes, provide a detailed explanation of the circumstances that resulted in the overuse of animals. | | | | |
| Click or tap here to enter text. | | | | |

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| D.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. | | | | |
| 1) EXPECTED | | | | |
| Adverse Event: | | |  | Click or tap here to enter text. |
| Corrective measures: | | |  | Click or tap here to enter text. |
|  | 2) | UNEXPECTED | | |
| Adverse Event: | | |  | Click or tap here to enter text. |
| Corrective measures: | | |  | Click or tap here to enter text. |

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| E.Certification of the Principal Investigator. |
| 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. |