IACUC Protocol  
Log #\_\_\_\_\_\_\_\_

**RENEWAL REQUEST**

**INDIANA UNIVERSITY OF PENNSYLVANIA  
Institutional Animal Care and Use Committee (IACUC)**

* **All information must be typed. Handwritten proposals are not accepted.**
* **Submit one hard copy with original signatures to: Institutional Animal Care and Use Committee, Office of the Dean, College of Natural Sciences and Mathematics, 305 Weyandt Hall**

***Please click in the shaded fields to complete the form.  
Use the arrow keys, Tab key, or PgUp/PgDn keys to navigate  
Use the space bar or mouse to activate/deactivate check boxes***

**1. Principal Investigator or Instructor:**NameEmail address Campus address Department/Division Status (check one): Faculty  Staff  Doctoral student  
 Masters student  Undergraduate student

**2. Students please provide the name of the faculty member providing direct supervision:**Faculty Advisor Department   
Position/Rank Email address Daytime Phone   
Campus address

**3. Project Title (***Be sure to use the same title as that used when this project was previously approved)*

IACUC protocol log # Current project approval period    
Date of renewal request submission

**4. Purpose** (check all that apply)

Teaching (Provide course department, number, and name )  
Research  
 Other (Explain below)

**5. Are you requesting approval for any revisions to the study at this time?**

Yes No  
  
If “Yes” please describe the revisions requested.   
*(Note: only minor revisions are possible without submission and full committee review of a new protocol)*

**6. Please describe:**

1. Any adverse events or unanticipated problems involving risks to subjects or other this year:

1. Any withdrawal of subjects from the research:

1. Any complaints about the research

**7. Subject utilization**

1. How many subjects have taken part during this past year?

1. How many (additional) subjects do you intend to use in the future?

1. How, and from where, will your future subjects be obtained? Please be very specific.

**8. Permits**

**A.** Are any state, federal, or other permits required for the proposed research?  Yes  No  
If “Yes”, please identify the permitting authority and permit type:

**B.** Have you attached copies of the approved permits?  Yes  No  
*(Copies of approved permits, if required, must be provided before IACUC approval will be granted)*

**9. Statement of Student Supervision – If students will perform any of the animal manipulations described in this protocol, please complete the following section.** *NOTE: This section should be completed only for those students actively involved in animal manipulations, not for those who only observe the procedures. The number of students should encompass the entire period of proposed activities (typically 1 year).*

**A.** Identify the student groups actively involved in this project (check all that apply), and estimate the number of students :  
Undergraduate student actively involved as part of class instruction  
 # of students   
Undergraduate student actively involved as part of individual student research training  
 # of students   
Graduate student actively involved as part of class instruction  
 # of students   
Graduate student actively involved as part of individual student research training  
 # of students

**B.** Describe the training that you will provide for these students prior to the proposed activities.

**C.** Describe the supervision that you will provide for these students during the proposed activities.

**D.** In order to ensure that University activities involving animals are conducted with the highest degree of consideration for animal welfare, IUP has made available to our students online animal care and use (ACU) training. Current guidelines for student ACU training are as follows:

* *Students involved in this project only as observers or as University course participants are NOT REQUIRED to undergo any specific animal use and welfare training.*
* *Students involved in this project as active participants from which individual training or achievement is derived are REQUIRED to complete online ACU training. This includes students pursuing any sort of Independent Study, Honors, or thesis project.*

Please confirm that students operating under this protocol for their individual training or benefit have completed CITI Animal Care and Use (ACU) training **prior** to working on this project.

I confirm that the students involved in this project have completed CITI-ACU training.

**10. Signature of Principal Investigator or Instructor  
  
 By signing below you are agreeing to the following statements:**

*(i)* I understand that I cannot use animal subjects until I have received approval from the IACUC.

*(ii)* I agree to ensure the welfare of the animal subjects being used.

*(iii)* I understand that as the Principal Investigator or Principal Instructor I am ultimately responsible for the conduct of those operating under my supervision.

*(iv)* I will conduct this protocol as approved, and will report to the IACUC any problems or adverse events associated with the use of animal subjects.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Principal Investigator / Instructor Date**

**11. Signature of Faculty Sponsor (for applications authored by students)** I confirm that this research

Does not duplicate procedures described in any other of my approved IACUC protocols  
Duplicates (in part or in total) procedures for which I have already received IACUC approval  
  
If the procedures herein duplicate procedures which have already been approved by the IACUC, indicate below the title and log # of the IACUC protocols in question, and explain the degree of and necessity of the duplication.  
  
IACUC protocol title(s):  
IACUC log #(s):  
Extent of, and rationale for, procedural duplication:

**By signing below, the Faculty Sponsor***(i)* affirms the accuracy of this application, and  
*(ii)* accepts responsibility for the proper conduct of the procedures herein, and  
*(iii)* agrees to provide the necessary training and supervision of the student(s) involved  
 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Faculty Sponsor Date**