

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
University of California, San Francisco, Box 0962
415-476-2197

IACUC SHORT-FORM RENEWAL APPLICATION

IMPORTANT:

SAVE THIS FORM IMMEDIATELY - BEFORE FILLING IT OUT. After saving it, start Word (or other word-processing program) and open the form from within that program (i.e., do NOT open it from your desktop).

INSTRUCTIONS are highlighted in yellow or another color in this form. If you do not see them on your screen, **press the Hide/Show button** on the Standard toolbar. This button looks like a backward P (paragraph sign). For assistance, call the IACUC office at 476-2197.

PART 1: ADMINISTRATIVE REQUIREMENTS

PRINCIPAL INVESTIGATOR:

Name and Degree	University Title	Department
Campus Mailing Address	Phone/Fax /	E-mail

ALTERNATE RESPONSIBLE INDIVIDUAL (Required - Must match Emergency Contact Information form):

Send correspondence? Yes [] No []

Name and Degree	University Title	Department
Campus Mailing Address	Phone/Fax /	E-mail

CORRESPONDENCE TO: (other than Principal Investigator) (optional):

Name and Degree	University Title	Department
Campus Mailing Address	Phone/Fax /	E-mail

PROJECT TITLE

Current IACUC approval #	Expiration date
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PROJECT FUNDING SOURCES

TYPE: [] Federal Gov. [] State or Other Gov. [] Other Private
[] Industry [] Campus/UC-Wide Program [] Dept. Funds

CHANGES:

If this is a renewal application, are there any funding changes from last year? [] Yes [] No

NAME & NUMBER: Funding Agency Name:
Grant or Contract #:

USE OF HUMAN EMBRYONIC STEM CELLS: The CHR website has more information about the [regulated use of stem cells](#).

- 1) Will human embryonic stem cells be used under this protocol? Yes [] No []
- 2) If yes, are the human embryonic stem cells on the NIH Human Embryonic Stem Cell Registry? Yes [] No []
NIH Registry Provider Code: _____
- 3) Does this protocol involve the transfer of a human somatic cell nucleus into an animal egg? Yes [] No []
- 4) Does this protocol involve the combination of human embryonic stem cells with an animal embryo? Yes [] No []

CERTIFICATION OF PRINCIPAL INVESTIGATOR

I am thoroughly familiar with this protocol and certify its accuracy. My signature below also certifies that I have re-read and agree with the [Principal Investigator's Certification](#).

Signature

Date

Please complete each numbered section and *respond to every question*. Return form and any attachments to the IACUC office, Box 0962. *Note: Incomplete applications will not be reviewed.*

Annual Review: Progress Report.

"Please provide a brief update on the progress made in achieving the specific aims of the protocol as it relates to your work with animals on this project."

PART 2: PROTOCOL UPDATE

Annual Review: Unexpected Adverse Effects.

" Have any adverse effects or complications in the animals (including unexpected abnormal phenotypes) occurred during the last year that were NOT anticipated and described in your original protocol. Describe each adverse effect and how it was managed "

1. ADVERSE EFFECTS

- a) Have any adverse effects or complications in the animals (including unexpected abnormal phenotypes) occurred during the last year that were NOT anticipated and described in your original protocol? Yes No
- b) If yes, describe each adverse effect and how each was managed.

2. MODIFICATIONS

- a) Do you plan to make any minor modifications to the animal numbers, drug administration, and/or location of administration? Yes No
- b) If yes, describe and justify the proposed modifications. Provide 7 copies (for unregulated species) or 22 copies (for USDA-regulated species) of the most recently approved full committee application plus any subsequent amendments.
- c) For the modified procedures and/or experimental agents, describe any potential adverse effects and how these will be monitored and managed.
- d) If the modifications involve animals with tumor formation, skin lesions, neurologic deficits, or that are in Category C, list below any *changes or additions* to the a) *expected characteristics/clinical presentations and endpoints of the animal model* to help monitor animal health and b) the *criteria for euthanasia*. NOTE: The IACUC requires these lists to be posted *in the respective animal rooms* so that the animals can be monitored to assure PI adherence to the endpoints listed. This information greatly assists the investigator staff and LARC in caring for your animals and is helpful for IACUC members on their routine inspections of the facility.

GO TO LAST PAGE OF THIS DOCUMENT NOW

3. PERSONNEL

- a) Are there changes in the personnel involved in this study? Yes No Use "Research Online" to view the personnel who are currently listed on your protocol (<https://www.researchonline.ucsf.edu/>).
- b) List the personnel to be removed from the study.
- c) In the table below, list the personnel to be added to the study and provide the requested information (see hidden instructions below):

Personnel Information	Species Used in This Project	Years of Experience (for each species listed)	Functional role(s) in this project for each species listed (Check all that apply)							Dates of IACUC Approved Training Courses Enter "grandfathered," if species-specific training is not required (see instructions).	
			SUPERVISION	CARE AND HANDLING	ANESTHESIA	SURGERY	POST-SURGICAL CARE	MONITORING	EUTHANASIA	BRER (No one may be grandfathered for BRER – see instructions.)	Species-Specific (for each species listed) (Enter "grandfathered," if this training is not required - see instructions)
Principal Investigator: Name: Degree & Title: Campus phone: Email:										Date	Date
Alternate Responsible Individual: Name: Degree & Title: Campus phone: Email:											
Name: Degree & Title: Campus phone: Email:											
Name: Degree & Title: Campus phone: Email:											
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Continuation page attached? Yes <input type="checkbox"/> No <input type="checkbox"/>											

d) Will any approved personnel be responsible for training of personnel? Yes No
If yes, identify the trainer(s) by name and the specifics of the training provided.

Trainer Name(s):
Specifics of training provided:

Include with your application one (1) copy of a completed [Emergency Contact Information Form](#)

Note: The IACUC must approve any new personnel prior to their undertaking any hands-on animal work. To request addition of personnel to an approved study during the approval year, submit a [Request to Add Study Personnel](#) form to the IACUC office, Box 0962.

4. NUMBER OF ANIMALS REQUESTED

Note: Animal use must be kept to the minimum consistent with a sound scientific outcome.

a) For the upcoming year, identify each species formerly approved on your protocol and state the number of animals in [Category](#) A, B, or C, and whether they will be *acquired by your study* (i.e., [purchased](#) or [transferred](#) from another investigator or institution) *and/or bred within your study*.

- If modifications are requested in this renewal, list the associated experimental groups. For each new experimental group, state the number of animals in each category under “acquired” and “bred.”
- All animals must be accounted for, including neonates.

Species and Experimental Groups	Number of Animals					
	ACQUIRED			BRED		
Species 1 (specify):	Category			Category		
	A	B	C	A	B	C
Previously approved experimental groups (totals)						
New experimental groups (list):						
Totals for species 1:						
Species 2 (specify):	ACQUIRED			BRED		
	A	B	C	A	B	C
Previously approved experimental groups (totals)						
New experimental groups (list):						
Totals for species 2:						
Continuation page attached? Yes <input type="checkbox"/> No <input type="checkbox"/>						

- b) 1. Will you be using any animals **transferred** from another PI or protocol? Yes No
2. If yes, have the animals undergone **prior experimental procedures**? Yes No
3. If yes, **describe** the prior experimental procedures, **justify** use of the animals for your research, **and submit** a completed [LARC Animal Transfer Form](#) with your application.

Note: Animals **must** be transferred through the LARC Business Office (476-2204), using the LARC Animal Transfer Form. The IACUC must give **advance** permission to transfer animals that have undergone prior experimental procedures.

5. LOCATION OF ANIMALS

Animal Housing: LARC space PI space Bldg(s) Room(s) IACUC Approval Date (PI Lab Housing)

Survival Surgery: Regulated species LARC space PI space Bldg(s) Room(s)

Non-regulated species* LARC Space
PI space Bldg(s) Room(s)

Non-Survival Surgery:

Regulated species LARC space
PI space Bldg(s) Room(s)

Non-regulated species* LARC Space
PI space Bldg(s) Room(s)

Non-Surgical Procedures:

Regulated species LARC space
PI space Bldg(s) Room(s)

Non-regulated species* LARC Space
PI space Bldg(s) Room(s)

*rats, mice, birds, fish, frogs, etc.

Research Protocol Termination or Continuance.

Please select one of the six options listed below.

Request Protocol Termination:

- Protocol Termination: Project was never initiated.
- Protocol Termination: Project was initiated but is presently inactive.
- Protocol Termination: Project is completed, no further activities with animals.

This item is taken from RIO-IACUC. In RIO-IACUC, you are required to enter which of these six options applies to your protocol.

Request Protocol Continuance:

- Protocol Continuance with Active status: Project is ongoing.
- Protocol Continuance with Inactive status: Project was initiated but is presently inactive.
- Protocol Continuance with Inactive status: Project was never initiated.

Anticipated start date is: Calendar

Note: The IACUC must give **advance** permission if research animals will be used and/or housed in individual laboratories (PI space) more than 12 hours. The IACUC will inspect such locations every 6 months. To request permission, submit the [Request Form to Use Laboratory Housing or Study Areas for Research Animals](#) to the IACUC office, Box 0962.