**NMU IACUC POST-APPROVAL MONITORING REPORT DATE OF REVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Protocol number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical Protocol Y\_\_\_\_ N\_\_\_\_\_ (If yes, survival; mss; terminal)

Are approved analgesics being used for 48 hours post-surgery? Y\_\_\_\_\_ N\_\_\_\_

If no, has deviation been justified in protocol and approved by IACUC Y\_\_\_\_\_ N\_\_\_\_\_

1. **Changes to Approved Protocol**
2. Have any new procedures been added since last IACUC approval? Y\_\_\_\_ N\_\_\_. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Did the change result in an increase of invasiveness or discomfort to the animal? Y\_\_\_\_ N\_\_\_\_
3. Have there been any changes in the frequency, duration or number of procedures performed on any animal? Y\_\_\_ N\_\_\_. If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Has there been a change in the species or number of animals used in the study? If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Has there been a change in the type of anesthetic agent? Y \_\_\_ N\_\_\_. If yes, specify type, dose, frequency, and route \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Has there been any change in the method (s) of euthanasia? Y \_\_\_ N \_\_\_. If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. Have there been any changes in study personnel? Y \_\_\_ N\_\_\_. If yes, specify \_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Is documentation of CITI training available for all study personnel? Y \_\_\_ N\_\_\_. If no, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Have there been any unexpected outcomes from any of the study procedures? Y \_\_\_ N\_\_\_. If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. **Controlled Substances**
3. Are controlled substances/drugs used in this protocol? Y \_\_\_ N \_\_\_. If so, identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Are controlled substances stored in an appropriate locked storage unit? Y \_\_\_ N\_\_\_
5. Have any controlled substances expired? Y \_\_\_ N \_\_\_
6. Does the PI know the proper method of disposal of controlled substances? Y \_\_\_ N \_\_\_
7. **Study Records**
8. Are study records available for inspection? Y \_\_\_ N \_\_\_
9. Is a current copy of the protocol, modifications, and approval letters in the study records? Y \_\_\_ N \_\_\_
10. Do the study records identify specific procedures, the animals used for each procedure and the outcome? Y \_\_\_ N\_\_\_
11. Are incidents recorded? Y \_\_\_ N \_\_\_
12. Were there any unexpected deaths? Y \_\_\_ N \_\_\_. If yes, was the attending veterinarian notified? Y \_\_\_ N \_\_\_

**Comments/Action Items:**

Signed:

Reviewer 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the completed form to the IACUC Chair