**BUTLER UNIVERSITY**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**PROTOCOL ANNUAL UPDATE**

Date:

Principal investigator:       Department:

Office telephone number:       Office address:

Project title:

Protocol number:

Anticipated duration of project:

**If this is a renewal without any modifications, sign accordingly:**

As Principal Investigator, I will continue to conduct this protocol in accordance with the Policies and Procedures of the IACUC. I acknowledge full responsibility for this protocol, and assure that students and other investigators associated with this protocol are qualified and have been continually updated appropriately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator

**If you seek renewal with modifications**, you must instead complete and submit a Request to Modify an Approved Protocol form.

**If you DO NOT wish to renew this protocol, please initial here:** \_\_\_\_\_\_\_\_\_\_

**Please retain a copy of this form for your records.**

Return completed and signed form as a scanned single pdf file to: IACUC@butler.edu.

|  |
| --- |
| **(For IACUC Use Only)**Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |