

ORC USE ONLY

AUP #:

Date Received:

# Continuing Review of Vertebrate Animal Use Protocol for Research, Testing, or Teaching



RESEARCH  
COMMERCIALIZATION  
OUTREACH

## Instructions and Certifications (Failure to follow may result in a delay in processing)

Complete this form if the research, testing, or teaching is **not changing** from the initial Vertebrate Animal Use Protocol (AUP) submitted.

If **significant or non-significant changes** will be made to the research, testing, or teaching, complete the form entitled "Amendment of Vertebrate Animal Use Protocol for Research, Testing, or Teaching," instead.

**By signing this Continuing Review of Vertebrate Animal Use Protocol for Research, Testing, or Teaching (Continuing Review), all Principal Investigators (PIs), co-PIs, and personnel (collectively, "Researchers") or Instructor(s), as applicable, certify the following:**

1. CITI Training "Animal Care and Use Course" has been completed and is current (expires after three years);
2. If the research, testing, or teaching involves a **fish species as the animal subject(s)**, CITI Training "Working with Fish" has been completed and is current (expires after three years);
3. Have enrolled in or opted-out of the Occupational Health and Safety Program (OHSP) (annual requirement);
4. Have read and understood the risks associated with the animal use in this research, testing, or teaching as set forth in the OSHA Zoonotic Fact Sheet;
5. Have read and understood the "Responsibilities of the Principal Investigator" as set forth in TAMUCC Rule 15.99.07.C1;
6. Have read and reviewed this Continuing Review; the research, testing, or teaching is **not changing** from the initial AUP; have signed the Continuing Review electronically;
7. Have submitted the Continuing Review a **minimum of thirty (30) days** in advance of the AUP's expiration date; and
8. Will submit a Completion Report at the conclusion of research, testing, or teaching under this Continuing Review.

**After completing the foregoing, submit the Continuing Review via email to:**

IACUC@tamucc.edu

## Animal Use Protocol (AUP) Overview

AUP #:

Maestro # (if funded):

## Principal Investigator or Instructor

Name:

Address:

Phone:

Email:

Faculty       Staff       Graduate Student       Undergraduate Student       Other

Specify Other:

*Co-Principal Investigator or Instructor*

Name:

Address:

Phone:

Email:

Faculty       Staff       Graduate Student       Undergraduate Student       Other

Specify Other:

*Co-Principal Investigator or Instructor*

Name:

Address:

Phone:

Email:

Faculty       Staff       Graduate Student       Undergraduate Student       Other

Specify Other:

*Co-Principal Investigator or Instructor*

Name:

Address:

Phone:

Email:

Faculty       Staff       Graduate Student       Undergraduate Student       Other

Specify Other:

**Record of Animal Use (Procurement and Breeding)**

Species	Total Number Approved for Duration*	Number Used to Date

Species	Total Number Approved for Duration*	Number Used to Date

\*Include bred/offspring animal subject(s) and any additional animal subject(s) approved by an Amendment.

### Record of Breeding

If the research, testing, or teaching involves breeding, complete the table below. Include offspring in the table above (i.e., "Number of Offspring Used to Date" included in "Number Used to Date" above).

Species	Number of Offspring Produced for Current Year*	Number of Offspring Used to Date	Number of Offspring Transferred

\* Include unused offspring that were euthanized.

### Status

Mark the status of the research, testing, or teaching.

- Active.  
 Inactive.

**If "inactive,"** provide reason and anticipated start date.

### Adverse Event(s)

Indicate whether there have been any anticipated or unanticipated adverse event(s).

- No.  
 Yes.

**If "yes,"** describe the adverse event(s), cause (if known), and management plan executed.

### Funding

Indicate whether the source of funding has changed since the initial AUP was approved.

- No (same source) or Not Applicable (unfunded).  
 Yes.

**If "yes,"** new funding source, Maestro #.

### Reduction and Refinement

Since the AUP was initially approved, indicate whether any alternative procedure(s) is available that will **either** reduce the number of

animal subject(s) used, or reduce pain or distress.

No.

Yes.

**If "yes" and if alternatives will not be used, provide justification.**

**If "yes" and if alternatives will be used, provide justification. (Change in procedure may require an Amendment).**

## Replacement

Since the AUP was initially approved, indicate whether any non-animal or invertebrate alternative(s) are available instead of the use of animal subject(s).

No.

Yes.

**If "yes" and if alternatives will not be used, provide justification.**

**If "yes" and if alternatives will be used, provide justification. (Change in procedure may require an Amendment).**

## Researcher or Instructor Signatures

By signing this Continuing Review, the Researcher(s) or Instructor(s), as applicable, certifies that he/she has read and understood the requirements and responsibilities set forth in the section entitled "Instructions and Certifications" in relation to the research, testing, or teaching. In addition, the Researcher(s) or Instructor(s) certifies that he/she will abide by any and all applicable federal, state, and/or institutional regulations, including any requirements from the Institutional Animal Care and Use Committee (IACUC) and/or the Office of Research Compliance (ORC).

### *Principal Investigator or Instructor*

Name:

Date:

Signature:

### *Co-Principal Investigator or Instructor*

Name:

Signature:

Date:

### *Co-Principal Investigator or Instructor*

Name:

Signature:

Date:

*Co-Principal Investigator or Instructor*

Name:

Signature:

Date: