**Annual Renewal Request Form**

Is a copy being emailed to the IACUC office? □Yes □No

Protocol Number:

Date Received:

Expiration Date:

|  |  |
| --- | --- |
| Title in English: | |
| PI： | School or Department： |
| PI E-mail： | |
| PI Tel： | Lab address： |

Please list all the personnel qualified to use animals in this animal protocol

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | License No. | Mobile phone | E-mail | Responsibility in this animal protocol |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please fill out this form by word processing, typing, or printing clearly, and return a signed copy to the IACUC Office, LARC, R321, **in 5 business days after you received this form.** You may also email this to **lac@ biomed.tsinghua.edu.cn.**

1. Has any of the above information changed in the last year?  □**Yes □No**

2. Please state if you have used animals on this protocol since it was last approved.

□**Yes** □**No**

If yes, how many animals used in last year?

□**Mice** □**Rat** □**Rabbit** □**Guinea pig**

3. Please indicate if you currently have animals housed at LARC under this protocol.

□**Yes** □**No**

4. Whether the animal’s pain or distress level in your AP is **D or E**, if yes, please state the anesthetic and analgesic using condition.

|  |  |  |  |
| --- | --- | --- | --- |
| Anesthetic | Dose | Route | Frequency |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Analgesic | Dose | Route | Frequency |
|  |  |  |  |

5. Whether exist the following situation during the past year? □**Yes** □**No**

* Add new strains in the same species
* Change the animals sex
* Increase no more than 20% of the approved animals
* Change or add non-survival surgery
* Collecting sample more often or add other related test
* Change in anesthesia and analgesics
* Change in euthanasia method
* Change in title
* Increase or decrease the experimenters, if you are deleting personnel from your protocol, please let us know if the person has left the university.

If you need to amend procedures in your protocol, please complete the **subsequent** amendment form.

Whether have submitted? □Yes □No

**Statement: It is hereby guaranteed that all information above are completely correct, true and valid.**

Guarantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

IACUC Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_