

WICHITA STATE UNIVERSITY INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC) ANNUAL ANIMAL TISSUE REVIEW FORM

Project Description Utilizing Animal Tissues but Not Live Animals

Date:				
Principal Investigator:				
Protocol Title:				
Protocol #:				
Funding Source:				
Date of Initial Approval:				
Expiration Date (for this reporting	ng period):			
Animal species tissue(s) to be utilized:				
1. Protocol Status				
 A. Active - project ongoing B. Currently inactive - project was initiated but is presently inactive. C. Inactive - project never initiated but anticipated start date is: 2. Source of animal material: (List the name(s) of the sources of the animal tissues, for example Yoder Meats, Yoder, KS. If coming from another approved protocol, please list the protocol #.) 				
Project Personnel: Please list all personnel working on this project Name and Highest Degree Role/Responsibility for Project				
1				

3a. Are you requesting to add any new personnel at this time?

No, skip to #4.

Yes, please complete the below box.

Name and Highest Degree	Title (Faculty, Student)	Relevant Experience	Role/Responsibility for this project

4.	Progress Report. If the status of this project is 1.A. (Active; project ongoing) or 1.B. (Project
	was initiated, but is presently inactive), provide a brief update on the progress made in
	achieving the specific aims of the protocol.

5. Future Plans

No changes are planned; the project will continue as previously approved by the IACUC.

Changes are planned. (Submit an amendment describing proposed changes. Please note that if the modifications are significant, you may be required to complete a new application. If you have questions or require assistance in making this determination, please contact the IACUC Chairperson and/or the Attending Veterinarian.)

Other, explain

CERTIFICATION OF THE PRINCIPAL INVESTIGATOR. Signature certifies that the Principal

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