OMB Control Number: 1024-0XXX

Expiration Date:



U.S. National Park Service Institutional Animal Care and Use Committee

Annual Review Form

TO: FROM: DATE:		
	REVIEW DECLARATION	
	IACUC Protocol Number:	
	Principal Investigator:	
	Title of Project/Course:	

Paperwork Reduction Act Statement: The National Park Service is authorized by the Animal Welfare Act Regulations (7 U.S.C. 2131-2159;§2.31, d, 1) to collect this information for the purposes of reviewing activities related to the care and use of animals and to approve all research, teaching, and exhibition activities involving vertebrate animals on NPS managed lands and territories. Your response to this request is mandatory in order to conduct research involving vertebrate animals on NPS managed lands and territories. The time to complete this form is estimated to be 10 minutes per response. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. You may send comments concerning the burden estimates or any aspect of this information collection to: John A. Bryan, II, DVM, NPS IACUC Chair and Attending Veterinarian, National Park Service,1201 Oakridge Drive, Suite 200, Fort Collins, CO 80525.

At least 30 days prior to the first and second anniversaries of this project's approval, the PI of record must provide responses to the following questions:			
• Have the objectives of the study changed?	□ YES □ NO		
Have surgeries changed from non-survival to survival?	□ YES □ NO		
• Has the degree of invasiveness of a procedure or discomfort to an animal changed?	□ YES □NO		
• Are you performing a new procedure or changing a procedure being used?	□ YES □NO		
• Have you changed the species or the approximate number of animals used?	□ YES □NO		
Have there been personnel changes regarding animal procedures?	□ YES □NO		
• Have you changed anesthetic agent(s), or the use or withholding of analgesics?	□ YES □NO		
Have methods of euthanasia changed?	□ YES □NO		
 Have you changed the duration, frequency, or number of procedures performed on an animal? 	□ YES □NO		
If the PI responded "yes" to any of the questions above, then an amendment must be submitted to the NPS IACUC for review and approval prior to continuation of the project.			
APPROVAL of NOTIFICATION: I certify that I have received, recorded, and accepted responses from the principal investigator (PI) of record for this project regarding the above inquiries, and hereby approve this project to continue for another year without official amendment. However, if an amendment was deemed necessary, I have officially requested that such be submitted by the PI, and approved by the NPS IACUC prior to continuance of the project. This form and any modifications will be kept on file in the office of the IACUC Administrator.			
NPS IACUC Member (DMR Reviewer)			
Date:			