OMB Control No. 1024-0265
Expiration Date: 08/31/2019

ANNUAL REVIEW FORM

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
Natural Resources Stewardship and Science Directorate
Biological Resource Management Division
1201 Oakridge Drive, Suite 200
Fort Collins, CO 80525
Telephone: (970) 267-7237 or Email: NPSIACUC@nps.gov

NPS IACUC Project Name:

Principal Investigator:

Anniversary Date:

Deadline for Submission:

Your Assurance of Animal Care is due for the one of two possible annual reviews. Return the review form by the anniversary date of your project approval, or your approval will become inactive and all procedures must stop. Please carefully review the accompanying protocol to ensure that it is still current. If minor modifications or changes have occurred, you may note them on this form. If major changes are anticipated, complete an Amendment Form found on the NPS IACUC website by clicking the Project Review Tab, and submit along with this completed Annual Review Form by the above deadline for submission. RETURN DOCUMENTS TO THE IACUC ADMINISTRATOR EVEN IF YOUR PROJECT IS COMPLETED.

Provide a summary of your activities from the past year and any deviations, if applicable.

If the activities were not conducted as approved, please describe the deviations including adverse events, unanticipated morbidility or mortality, the cause(s), if known, how these problems were resolved, and how these will be prevented in future activities. If deviations in activities from the approved submission will continue, please submit an Amendment Form to reflect the changes made to those activities.

Yes — Will your project remain active until the next IACUC approval anniversary?

No — Have any changes to the IACUC approved project been made in the last year?

SAVE for ATTACHMENT | PRINT FORM | CLEAR FORM

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Study, Opportunistic, and Non-Target Animal Numbers Used During Year Under Review

Study, Opprtunistic, or Non-Target	Scientific Name	Common Name	# Approved	# Used	Pain Category

Personnel Changes

No	The Principal Investigator for this project has changed.

No	Have any NPS Contacts changed?

No	Has the Attending Veterinarian or DelegatedVeterinarian changed?

No	Have any other changes in personnel occurred? If more than 2, please attach additional information.

No	Do you have any Audiovisual Records?

Assurance Statement

The information in this general submission Form is an accurate description of the animal care and use protocol(s) to be used in the described project. All people handling animals in this project have been, or will be, properly trained in the methods, protocols, and equipment described in this submission form. All individuals working under this project will comply with the requirements of the Animal Welfare Act, its Regulations and Standards, and the Interagency Research Animal Committee U.S. Government Principles.

All work proposed herein is designed to minimize pain and distress to the animals, does not unnecessarily duplicate previous experimentation, and cannot be reasonably conducted using non-animal alternatives.

Please type your full name as your signature:	
Date:	

NOTICES

Privacy Act Statement

General: This information is provided pursuant to Public Law 93-579, Privacy Act of 1974, for individuals completing this form.

Authority: The authority to collect information on the attached form is derived from the 7 U.S.C. Chapter 54, Transportation, Sale, and Handling of Certain Animals.

Purposes and Uses: The information is being collected for the purpose of reviewing activities related to the care and use of animals and to approve all research, teaching, and training activities involving vertebrate animals on NPS managed lands and territories. Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the National Park Service the review of activities related to the care and use of animals and to approve, all research, teaching, and training activities involving vertebrate animals on NPS managed lands and territories. . If you provide the information, please be advised that the U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to $10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for not approving your submission

Paperwork Reduction Act Statement

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) for the purposes of reviewing activities related to the care and use of animals and to approve all research, teaching, and training 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. 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.

Estimated Burden Statement

The time to complete this form is estimated to be 15 minutes per response. You may send comments concerning the burden estimate or any aspect of this information collection to: Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242, Reston, VA 20192. Please do not submit your form to this address.