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| --- |
| **To ensure that there are no unnecessary delays in the processing and review of your submission, please make sure that you read all instructions throughout the form carefully before submitting your request.**   1. The IACUC must be notified when the activities under the protocol are to begin and have completed. 2. Principal Investigators must complete this form and return it to the IACUC by **November 1st** of each year through the duration of their project (except for Archived Samples and Data protocols). 3. If your project has completed, you should fill out the GAI IACUC Project Completion Form instead. Submission of such can serve as both your annual update and notice of project completion. 4. All necessary documents must be submitted to [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org) as **Word** documents once completed. Hard copies, PDFs, scanned hard copies, and faxed copies of this form will not be accepted. |

**ANNUAL UPDATE**

**PROTOCOL INFORMATION\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Protocol Title: |  | | | | |  | | | | | | Principal Investigator: | |  | Protocol ID: |  | |  | | | | | |  | | | | | |

**ANNUAL SPECIES USAGE\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Number of Animals Used Since Last Report: (complete table below)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | B. Number of animals upon which research involved no animal handling. | | C. Number of animals upon which research involved no to minimal pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which research involved pain or distress which was relieved with drugs. | E. Number of animals upon which research involved pain or distress that was not relieved with drugs. | Total Number of Animals (B+C+D+E) | | Amphibians |  | |  |  |  |  | | Birds |  | |  |  |  |  | | Elasmobranchs |  | |  |  |  |  | | Fish |  | |  |  |  |  | | Invertebrates |  | |  |  |  |  | | Mammals |  | |  |  |  |  | | Reptiles |  | |  |  |  |  | |  | |  | | | | | | |

**SUMMARY OF LAST YEAR’S ACTIVITIES\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | a. Provide a summary of the work that has been completed thus far and any pertinent findings: | | | |  | |  | |  |  | | |  | |  | | b. Describe any departures from the approved protocol or unexpected events that occurred: None | | | |  |  | | |  |  | | |  |  | | |

**PLANS FOR NEXT YEAR\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | a. Please describe your plans for activities that will be completed related to this protocol over the upcoming year: | | | |  | |  | |  |  | | |  | |  | | b. What is the estimated completion date for this protocol? | | | |  | | | |  |  | | |  |  | | | c. Do you wish to make any amendment requests to your protocol? | | | |  |  | | | No Yes, see attachment of **Section P Amendment Form** | | | |  |  | | |

**PRINCIPAL INVESTIGATOR AGREEMENT\***

I confirm that activities were conducted in accordance with the approved protocol and in accordance with all applicable local, state, and federal wildlife laws, including the Animal Welfare Act and Animal Welfare Regulations.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Principal Investigator Name: |  | Principal Investigator Signature:  To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. | |  |  | |  |  | |  |  | | Date: |  | |  |  | |  |  | |