The IACUC must be notified when the activities under the protocol are to begin and have completed. Principal Investigators must complete this form and return it to the IACUC by **November 1st** of each year through the duration of their project. All necessary documents must be submitted to iacuc@georgiaaquarium.org as PDFs once completed. Hard copies, scanned hard copies, and faxed copies of applications will not be accepted.

**ANNUAL UPDATE**

**PROTOCOL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| Protocol Title: |       |
|  |
| Principal Investigator: |       | Protocol ID: |       |
|  |
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**ANNUAL SPECIES USAGE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Animals Used Since Last Report: (complete table below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 (C+D+E) |
| Amphibians |       |       |       |       |
| Birds |       |       |       |       |
| Elasmobranchs |       |       |       |       |
| Fish |       |       |       |       |
| Invertebrates |       |       |       |       |
| Mammals |       |       |       |       |
| Reptiles |       |       |       |       |
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**SUMMARY OF LAST YEAR’S ACTIVITIES**

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| 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 |
|  |  |
|  |       |
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**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**  |
|  |  |

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**PRINCIPAL INVESTIGATOR AGREEMENT**

I confirm that activities were conducted in accordance with the approved protocol (unless under emergency situations, noted under sub-section Q2) and in accordance with all applicable local, state, and federal wildlife laws, including the Animal Welfare Act and Animal Welfare Regulations.

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| --- | --- | --- |
| Principal Investigator Name: |  | Principal Investigator Signature:  |
|  |  |
|       |  |
|  |  |
| Date: |  |
|       |  |
|  |  |

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