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 Word documents once completed. Hard copies, scanned hard copies, and faxed copies of applications will not be accepted. Please note that the Annual Update form is not required for Section M Only requests.

**ANNUAL UPDATE**

**PROTOCOL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

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

 |

**ANNUAL SPECIES USAGE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| 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 (unless under emergency situations, noted under sub-section Q2 of the original 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: |  |
|       |  |
|  |  |

 |