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](mailto: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: |  | |  |  | |  |  | |