



**UNIVERSITY OF WISCONSIN-WHITEWATER
 INSTITUTIONAL ANIMAL CARE AND USE
 ANIMAL STUDY PROPOSAL
 [CONTINUING REVIEW QUESTIONNAIRE]**

U W W R S P U S E O N L Y
 DATE RECEIVED: _____
 BY: _____
 TO: _____

AUGUST 2002

The Animal Welfare Act Regulations (AWAR) and the Public Health Service (PHS) require that each IACUC shall conduct continuing reviews no less than annually. Please complete all of the following sections and return this form to Research and Sponsored Programs.

PLEASE TYPE

A. ADMINISTRATIVE DATA

Department:		
Principal Investigator (name):		
Mailing Address:		
Telephone:	Fax:	Email:
Project Title:		
Proposal Number	Expiration Date	

List the names of all individuals authorized to conduct procedures involving animals under this proposal and identify key personnel role [e.g., co-investigator(s)], providing their department, telephone, fax, and email:

Department:		
Co-Investigator (name):		
Mailing Address:		
Telephone:	Fax:	Email:
Project Role:		

Please also provide a list of students authorized conduct procedures involving animals under this protocol (names only)

Student Name:
Student Name:
Student Name:
Student Name:
Student Name:
Student Name:

SUBMIT THE CONTINUING REVIEW QUESTIONNAIRE TO THE UNIVERSITY OF WISCONSIN-WHITEWATER RESEARCH & SPONSORED PROGRAMS OFFICE, 2237 ANDERSEN, FAX: 262.462.5214, TELEPHONE: 262.472.5212

CONTINUED ON REVERSE

RSP USE ONLY

	TO <input type="checkbox"/> DE <input type="checkbox"/> CHAIR ON/BY	DATE
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B. STATUS OF PROJECT

<input type="checkbox"/> Ongoing. I have attached a summary of results to date.	Estimated completion date / / . Do you want the IACUC to notify a funding agency? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide sponsor name/address:	
<input type="checkbox"/> Completed. I have attached a summary of project results		
<input type="checkbox"/> Not Applicable	Research project cancelled/not started. There is no need to conduct continuing review.	
<input type="checkbox"/> Pending	Research project not yet started. Anticipate start date / / . Do you want the IACUC to notify a funding agency? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide sponsor name/address:	

C. PROTOCOL MODIFICATIONS

Have you made or will you make any changes to your protocol?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, attach a description of proposed changes.	
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D. PRINCIPAL INVESTIGATOR CERTIFICATION

PRINCIPAL INVESTIGATOR FACULTY/STAFF SUPERVISOR CERTIFICATION		
TYPED/PRINTED NAME	SIGNATURE	DATE

E. CONTINUING REVIEW DECISION

<input type="checkbox"/> Animal Study Proposal is APPROVED to continue.		
<input type="checkbox"/> Renewal is APPROVED contingent upon modifications as described below. [Submit to UWW RSP for approval.]		
<input type="checkbox"/> see attachment for details		
<input type="checkbox"/> Requires FULL BOARD REVIEW and will be included on the next IACUC agenda / /		
<input type="checkbox"/> RESUBMIT with modifications/additional information as described below. [Submit to UWW RSP for approval.]		
<input type="checkbox"/> see attachment for details		
REVIEW OF PROTOCOL MODIFICATIONS (AND/OR CONDITION FULFILLMENT) I have reviewed the modifications to the protocol renewal and determined that the modified protocol is		
<input type="checkbox"/> is APPROVED . <input type="checkbox"/> must be RESUBMITTED with modifications as described below. [Submit to UWW RSP for approval.]		
<input type="checkbox"/> see attachment for details		
REVIEW AUTHORIZATION MICHAEL WOLLER		
TYPED/PRINTED NAME IACUC CHAIR/DESIGNEE	SIGNATURE	DATE

<input type="checkbox"/> I concur.	<input type="checkbox"/> I disagree for the following reasons: <input type="checkbox"/> See attachment for details:	
REVIEW AUTHORIZATION MARK HIEBERT		
TYPED/PRINTED NAME IACUC VETERINARIAN	SIGNATURE	DATE

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	DISTRIBUTED TO PI(S), STUDENT PI(S) ON/BY		CONT REVIEW <input type="checkbox"/> Y <input type="checkbox"/> N
	AGENDA DATE	AGENDA ACTION <input type="checkbox"/> REV <input type="checkbox"/> RAT	DECISION MEMO SENT ON/BY