**Universiti putra malaysia**

***Office use only***

***Date of receive:***

***Date of meet:***

**Institutional Animal Care & Use Committee**

***Final/Annual Report & Application for Continuation***

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| *Please use this form to report on the progress or completion of the animal study. Applications for continuation or extension need to be reviewed and approved by the IACUC. Forward the completed form to:*  The Secretariat, Institutional Animal Care and Use Committee,  c/o, Unit of Ethics Research, Level 4, Office of the Deputy Vice Chancellor (Research and Innovation),  Universiti Putra Malaysia.  Attention to: Ms. Nor Ellia Abd Ajis, email: [n\_ellia@upm.edu.my](mailto:n_ellia@upm.edu.my) / iacuc@upm.edu.my , Phone: 03-8947 1244/1605 | | | | |
|  | | | | |
| **Principal**  **Investigator** | |  | **AUP No.** |  |
| Department | |  | Phone |  |
| Address |  | | E-mail |  |

|  |  |
| --- | --- |
| Project Title |  |

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| **Check One:** | | Anticipated end date of research project: |
| \_\_\_\_ A | Proposal was not funded and/or research will not begin. Please close project files. (Complete and submit this form as a final progress report). | Funding source:  Project No: |
| \_\_\_\_ B | Funding and/or start of research are pending. Please keep project active. (Complete and submit this form). | Location(s) of animal housing: |
| \_\_\_\_ C | Research will not continue beyond the anniversary date. (Complete and submit this form. If research has ended, describe disposition of animals in the box to right). | Location(s) of animal experiments and procedures: |
| \_\_\_\_ D | Research will continue beyond the anniversary date. (Complete and submit this form). | Disposition of animals: |

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| --- | --- | --- | --- |
| ANIMAL USAGE | | | |
| Species | Number approved | Number used | Remarks |
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| Please list the animal study/experiments during the past year, and a brief summary of findings/outcome. |
| Please list the animal study/experiments yet to be carried out. |
| Please list problems related to the care and use of animals (if any). |
| DECLARATION |
| To the best of our knowledge, we hereby declare that the care and use of animals has been carried out as described in the approved Animal Utilisation Protocol and abide by UPM policy and IACUC guidelines involving the care and use of animals.   |  |  | | --- | --- | | Signature and stamp of Attending Veterinarian:  Date: | Signature and stamp of Principal Investigator:  Date: | |

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| FOR IACUC USE ONLY *(Application for continuation)* |
| Any comments/suggestions by IACUC chairman/member: |
| Recommendation by IACUC chairman/member:   |  |  |  | | --- | --- | --- | | Approve | Approve with revisions | Full committee review required | | Invite researchers to present/discuss | | Invite attending veterinarian to discuss |   Signature/Name:  Date: |