

Institutional Animal Care and Use Committee (IACUC) Final Decision Report

Project Title:

- [Insert title of the research project]

Principal Investigator (PI):

- Name: [Insert Name of Principal Investigator]
- Department/Institution: [Insert Name of Department/Institution]
- Contact Information: [Insert PI's Email and Phone Number]

Protocol Number:

- [Insert assigned protocol number]

Date of Review:

- Initial Review Date: [Insert date of the first review]
- Final Decision Date: [Insert final decision date]

Category of Animal Use:

- [Describe the species used and the category of pain/distress classification]

Summary of Protocol:

- Brief overview of the research proposal, including objectives, methods, and the rationale for animal use.

Key Considerations:

1. Justification for Animal Use:

- Has the researcher adequately justified the use of animals over alternative methods?
 - Yes
 - No

2. Minimization of Pain and Distress:

- Are the methods for minimizing animal pain and distress satisfactory?
 - Yes
 - No

3. Adequacy of Housing and Husbandry:

- Is the proposed animal housing and care in compliance with institutional standards?
 - Yes
 - No
- 4. **Researcher Training and Experience:**
 - Does the research team have adequate experience and training in handling the animals and conducting the proposed procedures?
 - Yes
 - No
- 5. **Compliance with Ethical Guidelines:**
 - Is the protocol compliant with all relevant regulations and institutional guidelines?
 - Yes
 - No
 - [Specify non-compliance if applicable]

Final Decision:

After careful consideration of the proposal, the IACUC has reached the following decision:

- **Approved:** The protocol is approved as submitted.
 - Conditions (if any): [Specify conditions for approval]
- **Approved with Modifications:** The protocol is conditionally approved, pending satisfactory modifications.
 - Required Modifications: [List required changes or revisions]
- **Deferred:** The protocol is deferred for further information or revision.
 - Reason for Deferral: [State reason(s) for deferral]
- **Disapproved:** The protocol is not approved.
 - Reason for Disapproval: [State specific concerns or reasons for disapproval]

Additional Comments:

- [Insert any additional notes or comments relevant to the decision]

Signatures:

- **Chairperson, IACUC**
Signature: _____
Name: [Insert Chairperson's Name]
Date: [Insert Date]