**Animal Use Protocol (AUP) – Progress Report**

**Principal Investigator:** Click here to enter text. **IACUC Protocol No.:** Click here to enter text.

Campus Mail Address: Click here to enter text.

Email: Click here to enter text.

**Title of Project:** Click here to enter text.

Please answer the following questions.

 YES NO

1. [ ]  [ ]  Has your campus mail address or email address changed since the original approval of this

protocol? If so, please ensure that the updated information is provided above such that the IACUC database can be updated accordingly.

2. [ ]  [ ]  Are there any animals *currently* being maintained in the animal facility under this approved

protocol?

3. [ ]  [ ]  Are live animals taken from the animal facility to your lab for experiments? If so, please

indicate the location of your lab (building and room number): Click here to enter text.

4. [ ]  [ ]  Upon review of the approved protocol, at this time, are there any amendments that must be

submitted for IACUC review and approval, *e.g., change in species or strains of animals; change to the number of animals approved for use; new or revised procedures; new personnel, etc.* If so, please complete the [protocol amendment form](https://www.umaryland.edu/oawa/Forms) or the [personnel amendment form](https://www.umaryland.edu/oawa/Forms) and submit simultaneously with this progress report.

**Progress Report:**

Briefly describe the progress and results of the study to date. Include preliminary research results.

*\*\*Citing recently published literature only is NOT acceptable.\*\**

Click here to enter text.

Indicate how many experimental animals (*per species only*) have been used to date (*since time of approval to date of this progress report*).

Click here to enter text.

List which strains have been used in experiments to date (*since time of approval to date of this progress report*).

Click here to enter text.

Are breeding colonies being maintained under this protocol? [ ]  YES [ ]  NO *If yes, address below queries*.

Please specify which strains are being maintained in the colony.

 Click here to enter text.

Have any unexpected phenotypes been observed that could potentially affect animal health, well-being or longevity? [ ]  YES [ ]  NO If yes, please identify the strain, the phenotype observed and discuss how it is managed to ensure animal welfare.

 Click here to enter text.

Indicate the number of breeders utilized and the number of offspring generated to date (*e.g.,* *since time of approval to date of this progress report*).

Total # of breeders:Click here to enter text.

Total # of offspring generated (*include usable and unusable*):Click here to enter text.

**Adverse Events / Unexpected Outcomes:**

During this reporting period, did you encounter any unexpected mortality, morbidity, disability, infection, or other event that adversely affected animal welfare?

 [ ]  No adverse events / unexpected outcomes were encountered.

 [ ]  Yes, there were adverse events / unexpected outcomes. An Adverse Event Notification was

previously IACUC reviewed and approved. *No further action is necessary*.

 [ ]  Yes, there were adverse events / unexpected outcomes. An Adverse Event Notification has not been

submitted to the IACUC for review and approval. *Please* a*ddress A & B below*.

1. Describe the adverse events / unexpected outcomes.

Click here to enter text.

1. Describe the measures that were taken to alleviate, minimize, or prevent recurrence of those adverse events.

Click here to enter text.

 \_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Signature of Principal Investigator\* Date

*\*\*no signature is required if submitted via the PI’s UMB e-mail address.*