

**CONTINUING REVIEW REPORT
OR
COMPLETION REVIEW REPORT**

**RESEARCH INVOLVING THE CARE AND USE OF ANIMALS
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE (SIUE)**

**(As required by the USDA, this form must be submit to Graduate Studies & Research,
Campus box 1046, on an annual basis for research continuing for more than 12 months
preceding the IACUC approval date or at the completion of your research.)**

Principal Investigator(s): _____ Date: _____

Faculty Supervisor (if applicable): _____

Project Title: _____

Date Approved by IACUC: _____

Approved with stipulations: _____

Duration of Approved Project: Begin date: _____ End date: _____

_____ Yes _____ No 1. I have completed the research. Date completed: _____
(If no, please complete a., and b.)

a. I expect to complete the research by:

(date)

b. This project is in its _____ first, _____ second, _____ third, year.
(please check one)

_____ Yes _____ No 3. The project was conducted in the form approved by the
SIUE Institutional Animal Care and Use Committee (IACUC).
(If "no," explain.)

_____ Yes _____ No 4. The research produced unexpected or undesirable effects on the animal(s).
(If "yes," explain.)

In signing this statement, I certify the accuracy of the information provided and reassert my intention to abide by University policies and procedures governing projects involving the care and use of animals in research.

Signature of principal investigator(s)

Date

Signature of faculty supervisor (if applicable)

Date

**Return to:
SIUE IACUC
Attn: Linda Skelton
Office of Research and Projects
Graduate School, Campus Box 1046
Southern Illinois University Edwardsville
Edwardsville, IL 62026-1046**

Call 618/650-2958 if questions.

This Review Statement has been considered and approved by the Institutional Animal Care and Use Committee of Southern Illinois University Edwardsville (SIUE).

Chairperson, Institutional Animal Care and Use Committee

Date