

***Office use only***

***Receive Date:***

***Meeting Date:***

 **Institutional ANIMAL CARE AND USE COMMITTEE**

 **Universiti Putra Malaysia**

 ***Annual/Final Report of Research Project***

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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****This completed form needs to be submitted to Secretary IACUC-DVS,* *Veterinary Research Division, Department of Veterinary Services, Aras 1, Lot 4G1, Blok Podium 1A, Wisma Tani, No.28, Persiaran Perdana, Presint 4, Pusat Pentadbiran Kerajaan Persekutuan, 62624 Putrajaya Malaysia. All enquiries should be directed to the secretary at:**E-mail: iacucdvs@gmail.com**Phone: 603-88701596 (Dr. Helen Mitin)**Fax: 603-88905830* |
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| **Principal****Investigator**  |       | **IACUC-DVS No.** |  |
| Department / Division / Institute |       | Phone |       |
| Address |  | E-mail |       |

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| 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 the project files. | Funding source: Project No: |
| \_\_\_\_ B | Funding and/or start of research are pending. Please keep the project active.  | Location(s) of animal housing: |
| \_\_\_\_ C | Project is completed. Please close the project files.  | Location(s) of animal experiments and procedures: |
| \_\_\_\_ D | Project is still ongoing and will continue beyond the anniversary date. Please keep the project active.  | 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 DVS policy and MYCODE guidelines involving the care and use of animals.

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| Signature and stamp of Attending Veterinarian:Date: | Signature and stamp of Principal Investigator: Date:  |

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