

**NEW MEXICO HIGHLANDS UNIVERSITY  
Yearly Review of Previously Approved Protocol  
IACUC**

Proposal #:

Approval Date:

Expiration Date:

***PLEASE TYPE***

**This information should be submitted by all PI's with previously IACUC approved protocols. Please submit this update to the IACUC chair between August 1<sup>st</sup> and September 15<sup>th</sup> of each year of your approved investigation.**

**Date:**

Department:

Principal Investigator:

Mailing Address:

Telephone:

Fax:

Email:

Project Title:

**No Modifications**

or **Modification**

**State the nature of any modifications to original protocol:**

**Discuss/Explain changes, problems and progress encountered in your research related to this protocol:**

List the names of all individuals authorized to conduct procedures involving animals under this proposal and identify key personnel (e.g., co-investigator(s), providing their department, telephone, fax, and email:

**Provider:** Institutional Animal Care and Use Committee (IACUC)

**Contacts for the Animal Studies:**

- **IACUC Committee Chair:** Carol C. Linder, Assistant Professor of Biology [clinder@nmhu.edu](mailto:clinder@nmhu.edu), 505 454-3267
- **Veterinarian:** Ben Nelson, DVM, Clinical Assistant Professor of Biology [nelsonben@nmhu.edu](mailto:nelsonben@nmhu.edu) 454-3305

**Produced:** June 1998 (Updated: Sept., 07 (Sec08))

Funding Source:

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## ANIMAL REQUIREMENTS

Genus: *[e.g., Mus]*

Species: *[e.g., musculus]*

Strain, subspecies, or breed: *[e.g., C57BL]*

Common name: *[e.g., black laboratory mouse]*

Approximate age, weight or size:

Sex:

Bacteriological status: *[e.g., germfree (axenic), defined flora (gnotobiotic), specific pathogen free, conventional]*

Viral status: *[e.g., simian immunodeficiency virus, simian retrovirus]*

Source(s): *[e.g., name of vendor or breeder, bred in-house]*

Primary housing location(s): *[Facility manager must certify below that facility has the resource capability to support the study. If animals will be housed in lab or anywhere else outside central facility for more than 12 hours, provide building and room number.]*

Location(s) where manipulation will be conducted:

Number of Animals to be Used:

Year 1:

Year 2:

Year 3:

Total:

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