

IACUC Protocol Review Summary

LOCATION INFORMATION	
Center/Laboratory/MU Name:	
Location:	
Date/Time of Meeting:	
# of Members Present:	_____ARS members_____non-ARS/Community members <input type="checkbox"/> Quorum present
	<input type="checkbox"/> Veterinarian present (if checked)
	<input type="checkbox"/> Others present (if checked):

COMMITTEE MEETING			
Item Completed			
Yes	No	NA	Item
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immediate issues/concerns/reports <input type="checkbox"/> Resolved <input type="checkbox"/> In Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facilities Issues/Concerns <input type="checkbox"/> Resolved <input type="checkbox"/> In Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training Issues/Concerns/Needs <input type="checkbox"/> Resolved <input type="checkbox"/> In Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training Conducted During Meeting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IACUC Membership Issues/Concerns Resolved In Process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Protocols/ Experimental Outlines Reviewed</p> <p>Project Number: New Amended Approved Rejected Tabled pending additional information</p> <p>Project Number: New Amended Approved Rejected Tabled pending additional information</p> <p>Project Number: New Amended Approved Rejected Tabled pending additional information</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility Inspections</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Program of Veterinary Care Discussion</p>	