

The Queen's Medical Center - Honolulu, Hawaii
Animal Project Annual Status Report / Final Report Form

Date:

Protocol RA#: Date of Approval:

Title of Project:

PI / Instructor:

Check one: Annual Status Report || Final Report
Report Due Date: Date Project Completed:

of animals completing study/training:

of unexpected occurrences (e.g. animal deaths): Briefly describe:

Results (briefly describe):

Other comments:

Requesting ACC approval for another year? Yes No

If "Yes", make a formal request stating there are no changes to approved procol and consent form; or submit revised materials for review.

Provide the following information for the current year only (must complete each year).

	Species/Strain	Sex	Number	Wt/Age	Time(Days)	Source
1						
2						
3						
4						