

ANIMAL WELFARE COMMITTEE
WESTERN STATE COLLEGE
ANNUAL REVIEW OF ACTIVE PROTOCOL

Investigator _____

Protocol Number _____

Title of Protocol _____

Date of Original Protocol _____

Please indicate, next to each item identified below, if there has been any change in that item since approval of the original protocol.

Species:

Number of Animals:

Anesthetic used:

Method of Euthanasia:

USDA Reporting Category:

Experimental Procedures:

Techniques:

Other Changes:

Signed _____
Principal Investigator Date

Signed _____
Chair, Animal Welfare Committee Date