

***Office use only***

***Date of receive:***

**ANIMAL CARE AND USE COMMITTEE MINISTRY OF HEALTH (acuc-moh form)**

 ***Annual/Final Report & Application for Continuation***

|  |
| --- |
| ***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 ACUC-MOH*** *This completed form needs to be submitted to Secretary Animal Care and Use Committee (ACUC), Ministry Of Health Malaysia (MOH) c/o Laboratory Animal Resource Unit, Special Resource Centre, Institute for Medical Research, Jalan Pahang, 50588 Kuala Lumpur.* *Direct all enquiries to* ***acuc-moh@moh.gov.my*** *or* ***03-2616 2751****.* |
|  |
| **Principal****Investigator**  |  | **ACUC No.** |  |
| Unit / Centre / Department  |  | Phone  |  |
| Address |  | E-mail |  |

|  |  |
| --- | --- |
| Project Title  |  |

|  |  |
| --- | --- |
| **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: |

|  |
| --- |
| ANIMAL USAGE |
| Species | Number approved | Number used | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 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 ACUC and abide by ACUC MOH guidelines involving the care and use of animals.

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

 |

|  |
| --- |
| FOR ACUC MOH USE ONLY *(Application for continuation)* |
| Any comments/suggestions by ACUC MOH chairman/member: |
| Recommendation by ACUC MOH chairman/member:

|  |  |  |
| --- | --- | --- |
| [ ]  Approve  | [ ]  Approve with revisions | [ ]  Full committee review required |
| [ ]  Invite researchers to present/discuss | [ ]  Invite attending veterinarian to discuss  |

Signature/Name:Date: |