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| C:\Users\admin\AppData\Local\Microsoft\Windows\INetCache\Content.Word\thammajak-b.gif**Thammasat University**  **Animal Care and Use Committee**  **Semi-Annual Progress Report Form** | | | | | | | |
| Instructions: All approved animal protocols are valid for one year. TU-ACUC policy requires that principle investigator must report the animal protocol progression every 6 months. Complete this form and submit to:  Chair of Animal Ethical and Post Approval Monitoring Subcommittee  Address: Laboratory Animal Center, Thammasat University Rangsit Campus 99 Moo. 18 Klong Neung, Klong Luang, Pathumthani, 12120 Thailand | | | | | | | |
| Protocol Number: | | | Principal Investigator: | | | | |
| Protocol Title: | | | | | | | |
| **Check one:**  \_\_\_\_\_ A. Proposal was not funded and/or research will not begin. Please close project files. (Complete and submit Animal Protocol Termination Form; IACUC-TU-FM-10) | | | Anticipated end date of research project: | | | | |
| \_\_\_\_\_ B. Funding and/or start of research are pending. Please keep project active. (Complete and submit this form). | | | Funding source: | | | | |
| \_\_\_\_\_ C. Research will not continue beyond the anniversary date. (Complete and submit this form.  If research has ended, Complete and submit Animal Protocol Termination For; IACUC-TU-FM-10) | | | Location(s) of animal housing: | | | | |
| \_\_\_\_\_ D. Research will continue beyond the anniversary date. (Complete and submit this form) | | | Location of animal experiments and procedures: | | | | |
| **Animal Usage** | | | | | | | |
| **Total number of Animal Approved** | | **Total number of Animal Use to date** | | | **Balance Animals not Used** | | |
| Species | Number | Species | | Number | Species | | Number |
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| **Summarize experiments conducted on animals during this period and a brief summary of findings. Do not simply restate methodology. List any amendments approved in this period.** | | | | | | | |
| **Have any adverse effects or unanticipated problems been observed while conducting this study**  **\_\_\_No \_\_\_Yes (must be explained)** | | | | | | | |
| Signature of Principal Investigator : | | | \_\_1st \_\_ 2nd  \_\_ Other………. | | | Date : | |