Date: 8/5/2021

## ARIZONA STATE UNIVERSITY IACUC ANNUAL REVIEW

l.	Currently approved protocol
	Protocol Number: 21-1806NR  Protocol Title: Mildcats TNR Program  Principal Investigator:  Funded XUnfunded
n.	Status of Project  A. Were the animal activities conducted?
	i. X Yes, they were conducted. If yes,  1. Were there any significant animal welfare issues (morbidity or mortality, complications, etc.) encountered over the past 12 months?  a. X Yes. Describe (include the problem, approximate number of animals affected, and resolution).  Cats continue to be monitored.  Two cats missing from  One cat missing from  One cat missing from  Five kittens dumped, inside a crate, at the adopted.  Kitten rescued at the continue to be monitored.  Kitten rescued at the continue to be monitored.  Kitten is currently being fostered.  One cat TNR at Two cats euthanized from New cats at New cats around and
	<ul> <li>b. No. Proceed to item II B.</li> <li>2. Were all unanticipated welfare issues reported?</li> <li>a. Yes. Proceed to item II B.</li> <li>b. No. Describe. Proceed to item II B when completed.</li> </ul>
	<ul> <li>ii. No, they were not conducted. If the protocol will be terminated, complete the Final Review form.</li> <li>1. If the protocol will remain active, why were animal activities not conducted?</li> </ul>
	Proceed to Section II B.
	B. Have there been any recent findings, either from this study or a related study that would change the
	planned use of animals?
	Species Used     Asimal Numbers
	Animal Numbers     Procedures
	Criteria to Measure/Monitor Pain or Distress
	Alternatives to Painful Procedures
	Restraint
	nesti ailit

Amelioration and Control of Painful Procedures Estimation of Potential Postoperative/Intervention Pain Preoperative/Postoperative/Chronic Care Euthanasia/Disposition of Animals Animal Care and/or Use Sites Yes. Complete a separate Request for Changes form describing all proposed changes as well as the scientific rationale for these changes. Proceed to item III. X ii. No. Proceed to item III. 111. **Updated Information** A. Did the pain status stated on the protocol remain appropriate for the procedures performed? Yes. Proceed to item III B. ii. No. If no, please describe: Proceed to item III B when completed. B. Has there been new funding added to the project? Yes Provide new grant(s) information Granting Agency: Title: ASU Proposal or Award number: No. Χ IV. Progress Report (for research or teaching protocols only) Provide a statement on progress under this protocol over the past 12 months. Include any presentations or publications that have resulted from this protocol during the past 12 months. Cats are still being monitored. TRN practice as needed. ٧. Personnel All personnel who work with animals are required to have animal care training within the last four years. ASU IACUC training modules can be completed at https://asu.co1.qualtrics.com/jfe/form/SV b2b2XRXRRs1309f. Personnel are required to have Level III training certification on file with the IACUC office in order to perform procedures independently (without supervision). See the IACUC web site (https://researchintegrity.asu.edu/animals/training) for more information on training and Level III forms. \* Procedures other than husbandry, handling, or behavioral testing MUST be performed under supervision unless the person is Level III certified to conduct the procedure independently. Personnel are not Level III certified until the IACUC has reviewed and approved the Level III training documentation. The PI is responsible for ensuring that personnel who are not Level III certified are supervised at all times.

	Role in Protocol	Species with which	FOR IACUC USE ONLY

activity.

A. List the names, titles, affiliations, and roles of ALL persons currently involved in the research or teaching

<u>Name</u>	<u>Title</u>	ASURITE name	What activities will each person perform on live animals ONLY while under direct supervision?	What activities will each gerson be allowed to perform independently (including appropriate texel3 certification*) at the time of protocol submission?	individual will have direct contact ("none, "all", or list species)	<u>Training</u> <u>Confirmation</u>
	PI	l.	Trapping as need ed	Feeding, monitoring	Felis catus	9/2018 OHSP not applicable
				Feeding, monitoring	Felis catus	9/2019 OHSP not applicable
				Feeding, monitoring	Felis catus	10/2018 OHSP not applicable

- B. If any of the above listed personnel are new to the protocol, describe their years of experience with all listed species and procedures they will be conducting under this protocol. For procedures for which they are not yet trained, but will likely be trained to do during the activity period of this protocol, provide a description of who will provide such training:
- C. List the names of any individuals no longer involved with the research (these individuals will be removed from the protocol and DACT will be notified):

## VI. Certification

By signing this report, I certify that, to the best of my knowledge, the information included herein is accurate and complete. I understand that continued animal use past the scheduled termination date of the protocol requires IACUC approval. I also understand that should the animal use under this protocol require ANY change from that stated in the protocol, prior approval by the IACUC is required.

Principal Investigator's Signature

Date

August 4, 2021

## FOR IACUC USE ONLY Annual Review Determination

ANNUAL REVIEW APPROVAL SIGNATURES:			
Chair, IACUC (or Designee)		Date	
Attending Veterinarian (or Designee)		Date	
IACUC Member		Date	