60th Medical Group (AMC), Travis AFB, CA
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
FINAL REPORT SUMMARY

(Please type all information. Use additional pages if necessary.)

PROTOCOL #: FDG20170001A
DATE: 13 Nov 2019

PROTOCOL TITLE: "Animal Holding Pool Pending Assignment to IACUC Approved Research or Training Protocols."

PRINCIPAL INVESTIGATOR (PI) / TRAINING COORDINATOR (TC): Dr. Kevin Grayson

DEPARTMENT: SGSE
PHONE #: 423-5096

INITIAL APPROVAL DATE: 17 Nov 2016
LAST TRIENNIAL REVISION DATE: 17 Oct 2018

FUNDING SOURCE: CIF

1. RECORD OF ANIMAL USAGE:

<table>
<thead>
<tr>
<th>Animal Species</th>
<th>Total # Approved</th>
<th># Used this FY</th>
<th>Total # Used to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

2. PROTOCOL TYPE / CHARACTERISTICS: (Check all applicable terms in EACH column)

___ Training: Live Animal
___ Training: non-Live Animal
___ Research: Survival (chronic)
___ Research: non-Survival (acute)
___ Other (Holding )

___ Medical Readiness
___ Health Promotion
___ Prevention
___ Utilization Mgt.
___ Other (Treatment )

___ Prolonged Restraint
___ Multiple Survival Surgery
___ Behavioral Study
___ Adjuvant Use
___ Biohazard

3. PROTOCOL PAIN CATEGORY (USDA): (Check applicable) ___ B ___ C ___ D ___ E

4. PROTOCOL STATUS:

*Request Protocol Closure:

___ Inactive, protocol never initiated

___ Inactive, protocol initiated but has not/will not be completed

___ Completed, all approved procedures/animal uses have been completed

5. Previous Amendments:

List all amendments made to the protocol. IF none occurred, state NONE. Do not use N/A.

For the Entire Study Chronologically

<table>
<thead>
<tr>
<th>Amendment Number</th>
<th>Date of Approval</th>
<th>Summary of the Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
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</tbody>
</table>
FUNDING STATUS: Funding allocated: $2,310.00  Funds remaining: $0.00

PROTOCOL PERSONNEL CHANGES:

Have there been any personnel/staffing changes (PI/CI/Al/TC/Instructor) since the last IACUC approval of protocol, or annual review?  ___Yes  ___No

If yes, complete the following sections (Additions/Deletions). For additions, indicate whether or not the IACUC has approved this addition.

ADDITIONS: (Include Name, Protocol function - PI/CI/Al/TC/Instructor, IACUC approval - Yes/No)

DELETIONS: (Include Name, Protocol function - PI/CI/Al/TC/Instructor, Effective date of deletion)

PROBLEMS / ADVERSE EVENTS: Identify any problems or adverse events that have affected study progress. Itemize adverse events that have led to unanticipated animal illness, distress, injury, or death; and indicate whether or not these events were reported to the IACUC.

None.

REDUCTION, REFINEMENT, OR REPLACEMENT OF ANIMAL USE:

REPLACEMENT (ALTERNATIVES): Since the last IACUC approval, have alternatives to animal use become available that could be substituted in this protocol without adversely affecting study or training objectives?

Not applicable.

REFINEMENT: Since the last IACUC approval, have any study refinements been implemented to reduce the degree of pain or distress experienced by study animals, or have animals of lower phylogenetic status or sentience been identified as potential study/training models in this protocol?

Not applicable.

REDUCTION: Since the last IACUC approval, have any methods been identified to reduce the number of live animals used in this protocol?

Not applicable.

PUBLICATIONS / PRESENTATIONS: (List any scientific publications and/or presentations that have resulted from this protocol. Include pending/scheduled publications or presentations).

None.

Were the protocol objectives met, and how will the outcome or training benefit the DoD/USAF?

Yes. The purpose of this protocol is to administratively account for any animals that are left over from other research or training protocols.

PROTOCOL OUTCOME SUMMARY: (Please provide, in "ABSTRACT" format, a summary of the protocol objectives, materials and methods, results - include tables/figures, and conclusions/applications.)

This protocol has been used to pay for the maintenance of animals left over from IACUC approved protocols pending reassignment to other approved research or training protocols.

(PI/TC Signature)  13 NOV 2019

(Date)
This abstract requires a brief (no more than 200 words) factual summary of the most significant information in the following format: Objectives, Methods, Results, and Conclusion.

This protocol has been used to pay for the maintenance of animals left over from IACUC approved protocols pending reassignment to other approved research or training protocols.

Grant Number: ____________________
From: ______________________________

**If you utilized an external grant, please provide Grant # and where the grant came from. Thank you.**