

Indiana University School of Medicine  
Animal Care and Use Continuing Review Form

RECEIVED JAN 15 2010

Federal regulations require that all approved protocols involving animals be reviewed by the IACUC at least annually. Complete each question on this form and return the original with one copy to: IACUC Office, I. U. School of Medicine, 541 Clinical Drive, CL157, Indianapolis IN 46202, by January 19, 2010.

**IMPORTANT:** Each question must be answered. Incomplete forms will not be accepted and will be returned to the principal investigator. Failure to return the form by the above deadline WILL result in an interruption of your research on this study and/or termination of this study.

**Investigator:** W Scott Goebel MD  
Pediatrics  
R4 472  
(317) 274-2540

**Study Number:** 0000002985  
**Study Title:** Factors Influencing Engraftment in Submyeloablant Hosts

- Will any of the research activities occur at sites other than within School of Medicine facilities?  
☐ Yes If yes, please indicate locations and attach a copy of the most recent approval from their IACUC with this review.  
☒ No
- What is the status of the activities proposed in this animal study?  
☐ Will be initiated Date: \_\_\_\_\_  
☒ Initiated Date: 4/1/06 ☐ Completed \* Date: \_\_\_\_\_  
☐ Discontinued \* Date: \_\_\_\_\_  
☐ Will not be initiated \*  
\* If checked, this application form will be terminated.
- Please verify the accuracy of the information on the attached page. The review of this information on file in the IACUC office is considered to be part of the annual review process and the attached page must be returned with this form.
- Will this study proceed as described and approved in this application and/or amendment?  
☒ Yes  
☐ No The changes are restricted to those described on the attached page.  
☐ No An amendment form describing the changes is attached with this review.
- Have you encountered any problems while conducting this study?  
☐ Yes If yes, did you consult a veterinarian regarding these problems? ☐ Yes ☐ No ☐ Not applicable  
☒ No
- Below are the species and quantities approved for this study. For each species, provide the number of animals used since the last review, and the total number used since the study was initiated.

Species	# Approved	# Used since last review	Total used to date
Mouse	6543	317	1653

Investigator's signature

Date

1/13/10

For IACUC Use Only

*BSL2, IRR mice + x H2O/feed w/ wet feed; handle w/ forceps; trim teeth weekly; breeding*  
The continuing review of this ongoing protocol for use of animals has been reviewed and approved by the IU School of Medicine Institutional Animal Care and Use Committee.

The continuing review of this protocol for the use of animals has been reviewed and disapproved by the IU School of Medicine Institutional Animal Use and Care Committee.

The closing report of this terminated protocol for use of animals has been reviewed and accepted by the IU School of Medicine Institutional Animal Care and Use Committee.

IACUC signature(s)

*J L Unruh*  
Chair, IU School of Medicine IACUC

Date

MAR 24 2010

Date

Chair, Methodist Research Institute IACUC (required if animals are used or housed on the Methodist Campus)

## Goebel, W Scott

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**From:** School of Medicine IACUC  
**Sent:** Thursday, March 17, 2011 9:14 AM  
**To:** Goebel, W Scott; Townsend, Betty R.  
**Subject:** Protocol Approval - 0000002985, Factors Influencing Engraftment in Submyeloablative Hosts

Dr. Goebel,

An electronic annual review was processed administratively for this protocol so the effective date of previous electronic documents would remain unchanged. A copy of the official annual review approval is attached to the IACUC Comments section of the electronic protocol.

If you have any questions regarding this protocol please include the reference number above in your inquiry.

Thank you, Betty

IUSM IACUC Office  
Office of Research Administration  
Phone: 317/278-1826  
Fax: 317/278-1865