NAU NORTHERN ARIZONA UNIVERSITY

IACUC PROTOCOL FORM

Office use only
Date received:
IACUC Protocol Number:
IACUC Approval Date:
Designated Reviewer

Protocol title:
Principal Investigator (faculty member or equivalent):
Position/title:
Department/affiliation:

Instructions

- Complete **ALL** sections of the protocol form. The form cannot be forwarded to the IACUC for review unless all required information is included.
- Send a completed electronic copy of this protocol to IACUC coordinator

Section 1: Protocol and Personnel Information

A. Type of application

☐ New
☐ Renewal (triennial update)
☐ Pilot study

If renewal, list the previous IACUC protocol number:

B. Purpose of the protocol

☐ Research
☐ Teaching*
☐ Field research
☐ Collaborative project**

*If teaching, state course number and title:
**If collaborative project, list institution(s) and contact information:

C. Project funding status (check all that apply)
For each granting status checked, fill out the text box listing the name of the granting agency or other source and the title of the award.

☐ Fully or partially funded by a federal grant
Granting agency:
Award title:
☐ Pending funding by a federal grant
Granting agency:
Award title:
☐ Funding to be provided by NAU
Granting agency:
Award title:
☐ Funding provided by other organizations
Granting agency:
Award title:
☐ Other: how will animal expenses be covered?
If other: How will animal expenses be covered?

D. Project period (maximum 36 months, start date must be after IACUC approval)
Start date: End date:

E. Principal Investigator
Department:
Phone number: Email:

Principal Investigator
Department:
Phone number: Email:

F. List training/enrollment dates for all personnel including the PI

- The Collaborative Institutional Training Initiative quiz: Investigators, staff, and students - basic course
- The Collaborative Institutional Training Initiative quiz: Researcher's Responsible Conduct of Research (RCR)
- Enrollment in the NAU Occupational Health Program (OHP)
- Completion of any other IACUC mandated training that is relevant to the protocol request

Personnel name:
Investigator, Staff, and Students CITI quiz date:
RCR quiz date:
OHP date:
Other mandated training:

Personnel name:
CITI quiz date:
RCR quiz date:
OHP date:
Other mandated training:

Personnel name:
CITI quiz date:
RCR quiz date:
OHP date:
Other mandated training:

Personnel name:
CITI quiz date:
RCR quiz date:
OHP date:
Other mandated training:

Personnel name:
CITI quiz date:
RCR quiz date:
OHP date:
Other mandated training:

G. Volunteers and Collaborators

- Volunteers listed above must complete a **Volunteer Registration form**
- Collaborators listed above must complete a **Release Form.**
- A **Protocol Modification Request form** must be used to add volunteers and collaborators to an existing approved IACUC protocol.
- Volunteers and collaborators must also complete the CITI quiz and occupational health requirements.

H. Education, training, experience, and affiliation

Describe qualifications for all personnel including the PI

- Degrees, training, and experience with proposed species and procedures.
- Affiliation with NAU or outside programs.
- If an individual does not have training or experience with techniques required in the protocol, list who will train the individual. The BSA offers training in many standard procedures.

Personnel name:
Degrees:
Affiliation to NAU or outside organization:
Trainer's name:
Training and experience with proposed species and procedures described in this protocol:

Personnel name:
Degrees:
Affiliation to NAU or outside organization:
Trainer's name:
Training and experience with proposed species and procedures described in this protocol:

Personnel name:
Degrees:
Affiliation to NAU or outside organization:
Trainer's name:
Training and experience with proposed species and procedures described in this protocol:

Personnel name:
Degrees:
Affiliation to NAU or outside organization:
Trainer's name:
Training and experience with proposed species and procedures described in this protocol:

I. Emergency contact information
List two people that can be contacted outside of normal working hours (typically the PI and/or lead project personnel)

Name: Phone number:
Name: Phone number:

Section 2: Animal Information

A. Number of animals requested

- For field studies, where the number of animals may be variable, state the maximum number needed.
- For field studies using many species in a single genus, state the maximum number of animals for each genus.
- For field studies that involve trapping animals, attach a separate page listing the non-target species that may be unintentionally trapped. No estimate of numbers is required.

Common name/species
Strain/breed Gender
Year 1 total:
Year 2 total:
Year 3 total:
Or 3 year total

Common name/species
Strain/breed Gender
Year 1 total:
Year 2 total:
Year 3 total:
Or 3 year total

Common name/species
Strain/breed Gender
Year 1 total:
Year 2 total:
Year 3 total:
Or 3 year total

Common name/species
Strain/breed Gender
Year 1 total:
Year 2 total:
Year 3 total:
Or 3 year total

Common name/species
Strain/breed Gender
Year 1 total:
Year 2 total:
Year 3 total:
Or 3 year total:

B. Source of animals
Source of Specific Pathogen Free (SPF) Animals

If not from a SPF vendor, describe an alternate source (i.e., wild captured, transfer from a collaborator, etc.)

C. Appropriateness of species selected
State why the species/strain requested is appropriate for the goals of the study. Check all that apply.

- ☐ This is a new model with untested properties.
- ☐ A large database exists for this species/strain which will allow comparison to existing data. This animal model is established as appropriate for use in this protocol.
- ☐ The anatomy, physiology, genetics, phenotype, or behavior of the species is uniquely suited to the proposed study.
- ☐ This is the phylogenetically least complex model that will provide adequate tissue, size, or anatomy for the proposed study.
- ☐ The results will be directly applicable to the health or care of this species.
- ☐ Other: Describe additional rationale used to select the species/strain requested.

D. Justification for animal use
Explain why living vertebrates are necessary for this project and why alternative models (cell culture, computer models, etc.) are unsuitable for this project. Check all that apply.

☐ The complexity of the processes being studied cannot be replicated, duplicated, or modeled in simpler living systems such as in plants, insects, or invertebrates.
☐ There is not enough information about the processes being studied to design in-vitro or nonliving models.
☐ Pre-clinical studies in living vertebrates are necessary prior to human testing.
☐ This is a behavioral, learning, or development study; a whole living system is required.
☐ This is an ecological or field study.
☐ The animals will be used for teaching/demonstration purposes.
☐ Other. Please describe

E. Justification of requested animal numbers
In accordance with the principle of Animal Reduction, the IACUC must be provided evidence that the number of animals selected for a project is the minimum number required to generate meaningful results. Whenever possible, the number of animals requested should be justified statistically such as a power analysis to justify group size if appropriate. Check all that apply and provide any supplemental information that will help the IACUC assess the calculations of animal numbers for your study.

☐ Numbers are based on a statistical analysis.
Describe the statistical basis for sample size:
☐ Numbers are based on the result of a pilot study.
Reference study:
☐ Numbers are based on previous research by self/others.
Reference study:
☐ Numbers are based on the expected student to animal ratio required for instruction.
Describe:
☐ This is a breeding or holding protocol and numbers represent the estimates of offspring that will be produced and/or animals that will need to be held.
Describe:
☐ This is a pilot project and numbers represent the best educated guess of the PI and will be used to refine future experiments. Describe:
☐ None of the above methods could be used to determine numbers.
Explain why the above methods could not be utilized and how the final numbers were determined:

F. Endangered species
Are any animals in your protocol (or that may be incidentally captured in field studies) listed as threatened or endangered species in the United States or the country in which the research is conducted?

☐ Yes
☐ No

If yes, list the status and justify the use of this species. Also, list the steps taken to ensure the research will not negatively impact the species of its environment.

G. Genetically modified animals

Are any animals considered transgenic, knock-out, knock-in, floxed, immune compromised, cloned, or genetically modified?

☐ Yes

☐ No

If yes, complete 1-5

1. Knock-out or knock-in?
2. List affected gene(s)
3. List gene product excreted
4. Are the animals immuno-deficient? Describe the nature of deficiency

   Institutional Biosafety Committee (IBC) registration number
5. Do the genetic modifications/composition make the animal susceptible to a disease, condition, altered life span, or contribute to conditions of pain/distress.

   ☐ Yes

   ☐ No

   If yes, describe the condition and steps taken to minimize pain/distress.

H. USDA pain categories

Are based on the level of pain/distress to animals. Procedures that are painful/cause stress in humans should be considered to do the same in animals. Consult the Attending Veterinarian (AV) for assistance in determining the appropriate category.

☐ **Pain Category B:** Animals bred, conditioned, or held for use in teaching, testing, experiments, or research but not yet used for such purposes. **Examples:** Breeding colonies, animals not assigned to a protocol, wild captured animals being held for observation or transfer.
List approximate 3 year totals of Category B Animals:

☐ **Pain Category C:** Animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs. This category includes mild physical restraint, simple invasive procedures such as injections or venipuncture, capture, and banding of wild animals, mild dietary deprivation, etc. **Examples:** Administration of oral medication, blood collection from a common peripheral vein (cephalic, jugular, saphenous), standard radiography, parenteral injections of non-irritating substances.
List approximate 3 year totals of Category C Animals:

☐ **Pain Category D:** Animals upon which teaching, research, experiments, or tests will be conducted involving pain or distress to the animals for which appropriate anesthetic, analgesic, or tranquilizing drugs will be used. This category includes terminal surgery under anesthesia. **Examples:** Surgical procedures such as biopsy, gonadectomy, chronic catheter placement, laparotomy, laparoscopy, blood collection by more invasive routes such as intracardiac and periorbital, administration of compounds or organisms expected to produce pain or distress.
List approximate 3 year totals of Category D Animals:

☐ **Pain Category E:** Animals upon which teaching, research, experiments, or tests will be conducted involving pain or distress to the animals for which appropriate anesthetic, analgesic, or tranquilizing drugs will not be used as they would interfere with the study or use of the animal. **Examples:** Toxicity studies, disease induction with clinical signs, microbial virulence testing, radiation sickness, research on stress, shock or pain, surgical procedures that produce unrelieved stress or pain, negative conditioning by electric shock causing more than momentary distress, chairing of non-human primates.

Note regarding Pain Category E: A thorough explanation of the procedures producing pain or distress in these animals and strong scientific justification for withholding analgesics and/or anesthesia must be provided to the IACUC. Protocols with Pain Category E must be reviewed at a convened IACUC meeting with a quorum of members present. This information is required to be reported to the USDA and thus may be publicly available under the Freedom of Information Act.

List approximate 3 year totals of Category E Animals:

I. Veterinary consult: Veterinary consultation is required when planning any potentially painful activity or for any Pain Category D or E study. Contact the veterinarian Interim Institutional Veterinarian prior to IACUC protocol submission.

Date of veterinary consult
☐ Not applicable

J. Animal Housing and Husbandry

1. Animal housing: To assist animal care staff, indicate the type of caging needed.
☐ Biohazard or other special hazard containment caging
☐ Standard rodent microisolator caging with a filtered cage top
☐ Standard non-rodent caging, appropriate for species
☐ Aquaria
☐ Outdoor/Indoor Pens
☐ Other, describe:

The *Guide for the Care and Use of Laboratory Animals* states that consideration should be given to housing social animals in groups whenever possible. Will social animals be housed singly?
☐ Yes
☐ No
☐ Not applicable, the species involved is not a social animal

Provide justification for housing social animals singly (specific treatments, aggression or fighting, etc.) Consult the AV to determine appropriate housing and isolation procedures.

2. Environmental enrichment: For animals housed in the BSA (not field studies) specify the enrichment to be provided. Enrichment encourages natural behavior in research animals and is critical to animal welfare. Enrichment is strongly encouraged for all animals in a research protocol.
* Enrichment with a higher per diem rate.

Mammals

☐ Nestlets	☐ Cotton balls	☐ Shredded paper towels
☐ Apple wood chew sticks	☐ Cheerios	☐ Sunflower seeds
☐ Toilet paper rolls	☐ Shepherd shacks	☐ PVC tubes
☐ Running wheel	☐ Plastic toys	☐ Fresh fruit/vegetable
☐ Dried fruit/vegetable	☐ Love mash (for breeding rodents)*	

☐ Special diets (high fat, foraging crumbs, fruit crunchies) *
☐ Other:

Amphibians/reptiles/fish

☐ Plastic hiding houses	☐ Terracotta pots	☐ Background (jungle/underwater)
☐ Plastic plants	☐ Rocks	☐ Special bedding
☐ Live plants*	☐ Climbing sticks	☐ PVC tubes

☐ Other:

Birds

☐ Toys	☐ Water bath	☐ Sprouted seeds*
☐ Millet	☐ Nesting materials	

☐ Other:

If no enrichment is provided provide scientific justification for not providing it:

3. Special Diet: Describe any unique dietary requirements of animals in your protocol or any specially formulated diet that will be fed to your research animals

4. Will BSA personnel provide primary animal husbandry?
☐ Yes
☐ No

If no, provide scientific justification for not using BSA personnel

Insert animal husbandry SOPs, list personnel providing animal husbandry and their qualifications.

5. Will animals be housed outside of the BSA for more than 12 consecutive hours at a time?
☐ Yes: Specify the location and length of time animals will be housed there.

☐ No
Insert animal husbandry SOPs, list personnel providing animal husbandry and their qualifications.

6. Will animals be taken out of the BSA and subsequently returned?

☐ Yes: Explain steps taken to prevent the introduction of pathogens and contaminants to the BSA upon return.

☐ No

Section 3: Protocol Overview

Details should be clear, concise, and understandable for all committee members, including non-scientific committee members. Do not submit major portions of grant applications or excessive descriptions of methods. This section is limited to 6 pages of single-spaced text.

A. If this is a renewal, briefly describe your research accomplishments and any problems encountered during the past 3 years.

B. Summary of animal research
In one to two paragraphs, provide an overview that summarizes your study. Lay descriptions are important for the community and outside members who may not be familiar with the scientific details of your research project or technical scientific terminology. Include a basic outline of key animal-related study processes including a description of experimental and control groups, basic study manipulations, names of surgical procedures, and tissue/data collection.

C. Potential value
Describe how this project will advance scientific knowledge and/or otherwise benefit human or animal health and wellbeing. Describe the scientific value of the proposed project, providing any background information and references to prior work. The IACUC will review the scientific elements of the protocol as they relate to the welfare of the research animals. In the absence of external peer review, the IACUC may conduct a review of scientific merit.

D. Experimental details
At a level that a colleague outside of your discipline can understand, explain the Hypothesis, Project Objectives, Experimental Design, and Description of Procedures.

Section 4: Protocol Procedures

A. Surgical procedures

1. Will any surgical procedures be performed**?**

☐ Yes
☐ No (If no, skip to section B)

A. A major surgery is defined as entering a body cavity or having the potential to cause severe or prolonged functional deficits. Multiple major surgeries require strong scientific justification. Is the proposed surgery considered major as defined above?
   ☐ Yes
   ☐ No
B. If outside the BSA, list the location where surgery is performed:
C. Describe patient preparation:
D. Anesthetic agent, dose, and route of administration:
E. Describe the surgical procedure:
F. Describe patient monitoring and supportive care:
G. List items and sterile instruments that will be used to adhere to aseptic technique.

☐ Sterile gloves	☐ Sterile instruments	☐ Sterile drape
☐ Face mask	☐ Cap	☐ Aseptic preparation of patient

2. Recovery

Are animals expected to regain consciousness following surgery?

☐ Yes (If selected, complete the questions below)
☐ No

A. Describe post-operative monitoring and support:
B. Post-operative analgesic agent, dose, and route of administration:
C. Describe pain assessment and treatment criteria:
D. Describe possible post-operative complications and treatment measures:
E. Describe criteria for euthanasia of a post-operative patient:
F. Who will provide post-operative care during non-business hours and weekends?

3. Multiple Surgeries: Will more than one survival surgical procedure be performed on a single animal?

☐ Yes
☐ No

If yes, provide all information requested in sections 1 and 2 above for the second procedure.

B. Non-Surgical Experimental Procedures

1. Tissue collection from euthanized animals only.
   ☐ Yes
   ☐ No

2. Tissue collection (other than blood) from live animals.
   ☐ Yes (If selected, complete A – D below)
   ☐ No

   A. Tissue to be collected:
   B. Volume of samples:
   C. Method of collection:
   D. Frequency of collection:

3. Blood collection from live animals.
   ☐ Yes
   ☐ No

   A. Site of collection:
   B. Volume of samples (ml):
   C. Percent of animal's body weight:
   D. Maximum number of collections per animal:
   E. Minimum time between intervals:
   **Guidelines limit the volume and frequency of blood collection from research animals in non-terminal situations. Consult the attending veterinarian when determining these amounts.

4. Other experimental procedures
   A. Describe any non-surgical experimental manipulations that may cause more than momentary pain or distress (e.g. behavioral testing, prolonged physical restraint, food or water deprivation, noxious stimuli, anesthesia outside of surgery, environmental stress).

   B. Define methods used to condition animals to the procedure, monitor the animal during the procedures, and steps taken to minimize pain or distress.
   C. Justify why less distressing alternatives are not acceptable

Section 5: Euthanasia/Alternative Endpoints

A. Euthanasia

Consult the American Veterinary Medical Guidelines Association (AVMA) or the attending veterinarian for euthanasia information if necessary.

Field Study instructions: Complete the requested information for target species even if euthanasia is not performed but may be necessary if animals are diseased or injured when encountered. Non-target species that cannot be euthanized with the method below, should be transported to a veterinary clinic or appropriate state agency.

1. Will animals be euthanized at any point in your proposed research?
   ☐ Yes (Provide information below)
   ☐ No

A. Euthanasia agent, Dose, Route of Administration:

B. Method of assurance of death:
After euthanasia, death must be assured by a physical means such as cervical dislocation, bilateral pneumo-thorax, exsanguination etc. Consult the AV for species appropriate means of assuring death.

C. List personnel performing euthanasia:

D. Does the method of euthanasia meet the current AVMA Guidelines?
☐ Yes (Provide information below)
☐ No

E. If no, provide valid scientific justification for deviating from the guidelines.

F. Describe method of carcass disposal:

B. Premature Euthanasia
In the event that an animal is found to be in severe pain or distress, all attempts will be made to contact the PI for consultation. The AV or designee has the authority to use appropriate treatment measures including euthanasia if necessary.

The following criteria are often used as determinants for premature euthanasia.

- Rapid weight loss: typically >20 % from baseline
- Inability to maintain normal posture
- Obvious outward signs of disease, infection, or injury
- Rapid respiration in combination with postural changes
- List any additional criteria to be used for the determination of premature euthanasia.

Section 6: Test Substances

A. Toxic Agents
Are any chemicals or agents in your protocol known or suspected to be toxins, mutagens, carcinogens, or teratogens?
☐ Yes (Provide the information below)
☐ No

1. Date of chemical hygiene plan including these substances:
2. Date of Biosafety (IBC) review/approval:

B. Biological Agents
Does your protocol involves conducting research with; cells lines, cellular or acellular tissue explants (animal or human), nucleic acids, micro-organisms such as bacteria, viruses, fungi, protozoa, prions, recombinant DNA or recombinant infectious agents?
☐ Yes (Provide the information below)
☐ No

1. IBC Registration number for biological agent:
2. Date of IBC review/approval:

3. Date of Basic Biosafety training:
4. Date of OSHA Blood Borne Pathogen training:
5. CDC Biosafety level:
6. Vector/method of gene transfer:
7. Gene delivered and gene targeted:
8. Vendor source:
9. Name of cell line:
10. How has the material been screened and treated for pathogens (HIV, Hepatitis, etc.):

C. Radioactive Agents or Irradiation

Does your protocol involve implanting or exposing research animals to radiation or radioactive agents?

☐ Yes (Provide the information below)
☐ No

1. List all agents/isotopes/radioactive materials to be given:
2. Location of radiation producing equipment:
3. Date of Radiation Safety Officer review/approval:
4. Date of radiation safety training

D. Hazardous Chemicals

Does your protocol involve exposing research animals to a chemical with a rating of 3 or higher in any of the classifications for health, reactivity, fire, or other?

☐ Yes (Provide information below)
☐ No

1. List all chemicals to be given:
2. Date of OSHA lab standard training:
3. Date of Chemical Hygiene Officer approval:

E. Test substances not listed above:

F. If yes to any of questions A-E above, describe the test substance, dose, route, frequency, and potential adverse effects on animal.

Test substance:
Dose, route:
Frequency:
Potential adverse effects on animal:

Test substance:
Dose, route:
Frequency:
Potential adverse effects on animal:

Test substance:
Dose, route:
Frequency:
Potential adverse effects on animal:

Test substance:
Dose, route:
Frequency:
Potential adverse effects on animal:

Test substance:
Dose, route:
Frequency:
Potential adverse effects on animal:

1. Route of Excretion:
2. Method of Bedding/waste and carcass disposal:
3. Method of decontamination:
4. Methods to identify, evaluate, minimize or alleviate adverse effects:
5. Provide proof of ORC training for all personnel handling test substances:

G. Health and Safety Measures: For test substances, attach or provide SOPs describing necessary personal protective equipment (PPE) and methods to reduce risk hazard exposure to BSA and research personnel. Please paste your SOP.

H. Engineering Controls: Infectious and hazardous agents require special handling during preparation and/or storage.

Provide information regarding the use of:
☐ **Bio-Safety Cabinet:** Date of cabinet certification
☐ **Fume Hood:** Date of hood certification
☐ **Other:** Describe

Section 7: Transportation

The majority of research animals are shipped from approved commercial suppliers. The International Air Transport Association (IATA) sets guidelines for the shipment of animals by air with respect to proper containers, labeling, environmental conditions etc. All live animals being shipped to or from NAU must be in compliance with both USDA and/or IATA regulations.

Check all that apply and provide additional information where requested.

☐ Animals will be purchased from an approved commercial vendor. Skip to section 8
☐ Animals will be transported from an outside institution or agency
☐ Animals are captured from the wild and transported to NAU

Institution Providing Animals:
Contact Name:
Contact Phone Number / E-mail:
Describe procedures to assure compliance with USDA/ IATA guidelines:
Wild captured animals: Provide location and estimate of time in transport:

For animals transported to or from NAU in a personal or rented vehicle provide the information below.
Point of Departure: Destination:
Vehicle Description: Personnel:
Steps taken to ensure health and safety of animals being transported:

Section 8: Permits

If required, attach copies and complete the following.

☐ Not applicable

Type of Permit: Issued by:
Dates permit is valid:
Written permission by private landowner:

Section 9: Controlled Substances

Will controlled substances be used in your study?

☐ Yes (Provide the information below)
☐ No (Skip to Section 10)

Substance:
Purpose:

PI DEA registration number:
Where will the substance be stored?
How will substances be protected from unauthorized access?
Quantity and DEA Schedule (2-5) for Controlled Substance:

Section 10: Assurance of Review of Existing Literature

The NAU IACUC requires that a scientific review of existing literature be performed for all protocols submitted for review. Additionally, the USDA requires that the literature review address specifically the topics of Reduction, Replacement and Refinement.

Provide a written explanation in sufficient detail to assure the IACUC that you have reviewed the scientific literature to determine that there are no; alternatives to painful procedures, alternatives to the use of animals, and that the proposed work is not duplicative. Please contact the IACUC Coordinator or the attending veterinarian for guidance if needed.

For more information on literature search see USDA webpage:
https://www.nal.usda.gov/services/literature-searching-animal-use-alternatives

Note: Personal knowledge alone is not sufficient to enable IACUC assurance of this review and hence approval of your request but in some circumstances [as in highly specialized fields of study], conferences, colloquia, subject expert consultants, or other sources may provide relevant alternatives in addition to, a database search.

Complete the literature search in two databases including one alternatives database such as ALTWEB or ALTMED.

NAU has also developed a resource to help PIs perform appropriate alternatives reviews.

Specific points to be addressed in your response include:

1. The names of the databases searched:
2. The date the search was performed:
3. The period covered by the search (i.e., Medline years 1966-present, etc.):

4. Keywords and/or the search strategy used:
5. Results of the search:

A. Are there alternatives to any painful procedures proposed here?
B. Does this study unnecessarily duplicate prior work at this or any other institution?

C. Are there reasonable alternatives to the use of animals (such as less sentient animals, computer models or tissue culture)?

Section 11: Approvals and Certifications

By checking the box below, I certify that to the best of my knowledge, the information included herein is accurate and complete and that the proposed study does not unnecessarily duplicate previous studies. I have carefully compared the proposed work with the current state of knowledge in this field by reviewing the literature, and it is my professional opinion that the proposed work meets high standards of scientific merit. All personnel listed recognize and understand their responsibility in complying with university policies governing the care and use of animals. All activities will be performed under my supervision or that of another qualified person named herein. Technicians involved have or will be trained in proper procedures in animal handling, administration of anesthetics, analgesics, euthanasia, and other laboratory/field procedures to be used in this protocol. I agree to provide all required annual and final reports on time. I understand that should the conduct of the protocol require a material change for, that stated herein, approval by the IACUC is required before I may proceed to implement the change.

Please sign

Name:
Date:

Office use only
IACUC action:
☐ Approved
☐ Modifications required to gain approval
☐ Approval denied

Action Date:

Signatures:
IACUC Chair:
IACUC Veterinarian:
IACUC Designated Member Reviewer: