

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
ANIMAL TISSUE PROTOCOL FORM *rev. 2006***

For review by
Institutional Animal Care and Use Committee
Slippery Rock University
Slippery Rock, PA 16057

* All use of tissue samples or excretions from living or deceased vertebrate animals, or whole/partial cadaveric vertebrate animals at Slippery Rock University must be approved by the SRU Institutional Animal Care and Use Committee (IACUC).

Instructions:

1. Animal Tissue Protocol Form must be typed. All sections must be completed. Please contact the IACUC Office for any needed advice on Protocol Form completion.
2. Use additional space as needed to complete the protocol. Send a complete signed original Protocol Form to the IACUC Committee c/o the Office of the Dean, College of Health, Environment, and Science.
Keep a copy of the form for your records. You will receive written notification of the IACUC review outcome.
3. Any proposed changes in animal species, numbers, or procedures from those in an approved protocol must be reviewed by the IACUC. Amendments can be proposed via a memorandum to the IACUC.
4. For protocols which extend beyond one year but which do not substantially depart from a previously approved research plan, the submission of an annual Protocol Renewal Form is required. For those with substantial changes, a new Protocol Form must be submitted. All protocols must be resubmitted with updates for complete IACUC review by the third year anniversary date of initial approval.

IACUC RESPOND HERE ONLY:

Date Received: _____ Date Initial Review By Committee: _____

IACUC Protocol Number: _____

Approved as submitted

Approved with modifications noted on the approval letter

Disapproved

Committee Chairman's Signature: _____ Date: _____

Committee Veterinarian's Signature: _____ Date: _____

A. Project Information:

Principal Investigator: _____

Project Title(s): _____

Dates of Proposed Study: _____

Dept./Institutional Unit: _____
 Office Mailing Address: _____
 Office Phone: _____ Lab Phone: _____
 Home Phone: _____ Other Phone: _____
 Pager/cell: _____ Email Address: _____

Other Personnel Involved with Handling Tissues (use additional space as needed):

For Each, Provide Name: _____
 Position/Title: _____
 Phone: _____ Email Address: _____

Roles, Qualifications and Training: Describe the roles, qualifications and training for ALL of the personnel involved in the performance of this protocol. This includes training for specific research procedures. [Use as much space as needed.]

B. Description of Animal Tissue Use: (Attach additional pages if more than one species are used in the protocol.)

	Species	number of source animals	describe fixation, if appl.
1. whole cadavers			
2. partial cadavers			
3. tissue samples (incl. blood)			
4. animal secretions/excretions			

For items 2-4 above (if applicable), provide more detail regarding the nature of the samples (e.g., what excretion, tissues, organs, or anatomical parts of the species are being studied), and how they will be used/analyzed.

C. Source of the Animals/Tissue Used in the Study:

Describe in detail the source from which the samples were acquired. Provide institution (if applicable), investigator or company name, and addresses, and contact information (phone number and e-mail address) of the provider. If the source is a wild population, provide information on the geographic location.

D. History of the Animals from which Samples Were Acquired:

1. Briefly describe the use of the animals prior to acquisition (e.g., experimental use, breeding colony, etc.).

2. Were the animals sacrificed solely for use in *this* protocol?

3. Were the animals euthanized as approved by an IACUC at another institution? If yes, attach copies of the approved IACUC proposal from this institution, or pertinent local, state or federal collection permits.

4. Were any animals acquired following natural deaths, trauma, or euthanasia due to illness? If yes, explain.

5. Were any hazardous chemicals or biological agents introduced to these animals/tissues prior to collection? If yes, please specify.

E. Disposition of the Animals Following the Study:

Describe the storage or fate of samples/carcasses following the study. (e.g., stored in vials, incinerated). If the samples are to be stored, who will maintain them?

F. Investigator's Assurance Statements:

The information I have supplied above is complete and accurate. I certify that I will notify the IACUC before initiating any significant changes in this protocol.

Signature of Principal Investigator: _____ Date: _____