



HLC Accreditation 2016-2017

## Evidence Document

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Research and Technology Transfer

IACUC

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### **Institutional Animal Care & Use Committee Animal Use Forms**

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**Additional information:** This evidence includes: (1) animal protocol form, (2) animal protocol annual review form, and (3) animal tissue form.

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**WICHITA STATE UNIVERSITY  
 INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)  
 ANIMAL PROTOCOL FORM**

Double-click in boxes to enter information or checkmarks. Text boxes will expand to any length.

Date:

Protocol No.:

Principal Investigator:

Proposal Title:

Animal Species: USE A SEPARATE FORM FOR EACH SPECIES

Anticipated beginning date:           ; ending date:

**OVERVIEW**

1a. FUNDING SOURCE: Specify the funding source.

1b. Briefly describe the purpose of the study, experimental procedures and manipulations of the animals, and the expected outcome in lay terms. Include a justification of what you want to do and how it contributes to your work. If this is a de novo submission, provide a justification or rationale for continuing this protocol. For instance, this might include the undertaking of new studies or perhaps the need for additional time to complete earlier proposed studies.

2a. Describe the sequence of the manipulations and procedures. [Summarize in narrative form the procedures and manipulations to be performed using animals and explain why they are performed.] **DO NOT DESCRIBE DETAILS OF SURGICAL PROCEDURES HERE.**

2b. PROPOSED ANIMAL USAGE:

SPECIES	TOTAL # REQUESTED FOR PROTOCOL	TOTAL # REQUESTED FOR YEAR 1

2c. NATURE OF THE PROTOCOL/STUDY.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Survival (Chronic) Study | <input type="checkbox"/> Prolonged Restraint    | <input type="checkbox"/> Inducement of a Disease State     |
| <input type="checkbox"/> Terminal (Acute) Study   | <input type="checkbox"/> Neuromuscular Blockers | <input type="checkbox"/> Inducement of Behavioral Stress   |
| <input type="checkbox"/> Multiple Surgeries       | <input type="checkbox"/> Antibody Production    | <input type="checkbox"/> Administration of Test Substances |
| <input type="checkbox"/> Blood/Tissue Collection  | <input type="checkbox"/> Transgenic Breeding    | <input type="checkbox"/> Other _____                       |

2d. (USDA) PROJECT (Pain) CATEGORY:  C  D  E

**Category C:** Involves *procedures that cause no pain or no more than momentary or slight pain* and no pain-relieving drugs are used.

**Category D:** Involves *procedures that may cause more than momentary or slight pain or distress* for which appropriate sedatives, analgesics, or anesthetics will be administered.

**Category E:** Involves *procedures that may cause more than momentary or slight pain or distress* for which sedatives, analgesics, or anesthetics cannot/will not be administered due to scientific considerations/requirements.

3. Describe the characteristics of the animal selected that justify its use in the proposed study. [Consider such characteristics as body size, species, strain, breed, data from previous studies or unique anatomic or physiologic features.]

4. Personnel & Qualifications. Give the name(s) of all individual(s) who will work with the animals in this study. Describe their education, training and relevant experience with experimental animals. [This must enable reviewers to determine that manipulations of animal subjects are performed by individuals who are qualified to accomplish the procedures skillfully and humanely. See #22 on page 5 for training documentation requirement.] A LISTING OF ACADEMIC DEGREES ALONE IS NOT RESPONSIVE TO THIS QUESTION.

NAME	HIGHEST DEGREE	YEARS AND TYPES OF RELEVANT EXPERIENCE

If personnel do not have experience, how will they be trained?

### ANIMAL SUBJECT DESCRIPTION

5. Animal Characteristics:

Strain/Stock/Mutant/Breed:

Sex:

Age/Size:

Source:

Microbial Status (Check one): SPF  Conventional  Axenic  Feral

Other  (Describe)

Approximate number of animals to be used per year:

Year 1

Year 2

Year 3

6. Describe how the number of animals needed for the study was determined.

[The specific statistical methods or a clear rationale used to determine the numbers of animals needed MUST be provided.]

## ANIMAL HUSBANDRY AND CARE

7. Are animal husbandry and routine handling practices and procedures for this study, including animal health monitoring, diet, cage, environmental control, exercise (where required), environmental enrichment (where required), and means of identification, described in the Wichita State University (WSU) standard operating procedures manual?

YES  PROCEED TO ITEM 8.

NO  ATTACH APPENDIX 1, SPECIAL HUSBANDRY PRACTICES. [All husbandry and care practices must meet standards described in the Animal Welfare Regulations and the Guide for the Care and Use of Laboratory Animals unless they have been specifically excepted in Appendix I by the WSU Institutional Animal Care and Use Committee [IACUC] for scientific reasons.]

8. Animal housing location:

Room Number:

Name of institution, if not WSU:

9. The current AAALAC accreditation status of the facility where animals will be housed:

ACCREDITED

NON-ACCREDITED  If Non-Accredited, attach a copy of the OLAW Assurance Statement, and a copy of the latest USDA site visit report for the Non-Accredited facility.

10. Give the name of the veterinarian, or the institutional resource, that is responsible for providing adequate veterinary care to the animals:

[Adequate veterinary medical care must be provided as described in Federal regulations.] When a Veterinary Medical Consultant is used to provide care, regulations require that a written program of veterinary care be available.

## EXPERIMENTAL PROCEDURES

11. Location where experimental procedures will be performed:

Building name and room number

12. Administration of Test Substances. [Radioisotopes, toxic, antigenic, pharmacologic, infectious, carcinogenic, or other types of substances, biomaterials or cells administered to live animals are considered to be test substances.] Will test substances be administered?

NO  PROCEED TO ITEM 13.

YES  ATTACH APPENDIX 12C-2, TEST SUBSTANCES.

13. Specimen Collection. [All body fluids and tissues are considered specimens.] Will specimens be collected prior to euthanasia?

NO  PROCEED TO ITEM 14.  
COLLECTION.

YES  ATTACH APPENDIX 12C-3, SPECIMEN

14. Will SURGERY be performed as part of the experimental protocol?

NO  PROCEED TO ITEM 15.

YES  ATTACH APPENDIX 12C-4, SURGERY, THEN PROCEED TO ITEM 15.

15. Is death an endpoint in this study?

NO  PROCEED TO ITEM 16.

YES  Explain why an earlier endpoint is not acceptable.

#### OTHER EXPERIMENTAL PROCEDURES

16. Will animals be subject to experimental procedures that are not noted elsewhere in ITEMS 11-15?

NO  PROCEED TO ITEM 17.

YES  Check the following applicable procedures and answer questions 16a-f.

Physical restraint

Noxious stimuli

Forced exercise

Behavioral manipulations

Other(Describe)

16a. Describe each procedure and the expected outcome. Include the chemical, physical, or behavior modifying characteristics of the stimulus or material administered or withdrawn.

16b. Who will perform the procedure?

16c. Describe the length of time each procedure will last.

16d. Will the procedure cause more than momentary pain or discomfort?

NO  PROCEED TO ITEM 16e.

YES  Describe the procedures or methods that will be used to minimize pain and discomfort, THEN PROCEED TO ITEM 16e.

16e. Describe the methods for monitoring the condition of the animal during the length of the procedure and during the post-procedure period.

16f. Provide the name(s) of the person(s) responsible for monitoring the condition of the animals. You must provide to the WSU Staff the phone numbers where they can be reached during and after work hours . Check here to indicate this has been done.

## EUTHANASIA OR OTHER DISPOSITION OF ANIMALS

17. Are animals euthanized for tissue collection or at the completion of this study?

NO  PROCEED TO ITEM 18.

YES  ANSWER QUESTIONS 17a-e. [For guidance on acceptable methods of euthanasia, reference should be made to the June 2007 AVMA Guidelines on Euthanasia located at:

[http://www.avma.org/issues/animal\\_welfare/euthanasia.pdf](http://www.avma.org/issues/animal_welfare/euthanasia.pdf).

17a. Name of the chemical agent(s) that will be used:

Dose:            Route:

17b. Physical method that will be used:

If a combination of chemical and physical methods will be employed, name both.

17c. Justify any method of euthanasia that is NOT recommended by the AVMA Guidelines on Euthanasia.

17d. Give the name(s) of the person(s) who will perform the euthanasia:

17e. Are these persons experienced with this method of euthanasia?

NO  Name the experienced person who will train them.

YES  PROCEED TO ITEM 18.

18. Describe the fate of experimental animals, other than euthanasia, after completion of the study:

### MANDATORY CONSIDERATIONS

19. You are required by Federal law to declare if the procedure to be employed has the potential to cause more than momentary or slight pain or distress? [The United States Department of Agriculture has determined that surgery conducted under anesthesia is a potentially painful procedure.] If it will not, PROCEED DIRECTLY TO ITEM 20. If it will, YOU MUST ANSWER QUESTIONS 19a-b.

19a. Provide a narrative description of the methods and sources used to determine that suitable alternatives such as less sentient animal models, computer models, and tissue culture were not available or applicable to this study. The following are examples of relevant methods that may be supportive of your effort: AGRICOLA database, MEDLINE database, CAB Abstracts database, AWIC TOXLINE database, BIOSIS database, scientific journals, scientific meetings, and/or scientific discussions.

When a database search is the primary means of meeting this requirement, the narrative must, at a minimum,

include:

1. the name of the database(s) searched;
2. the date the search was performed;
3. the period covered by the search, and
4. the key word and/or the search strategy used.

19b. Provide the name of the veterinarian who has been involved in planning this experiment:

#### MISCELLANEOUS FEDERAL REQUIREMENTS

20. All drugs classified by the DEA as controlled substances that will be used in this study must be stored in a locked cabinet and accessible only to authorized persons in accordance with DEA regulations.

21. Will a flammable anesthetic agent be used in *ANY PORTION OF* these animal studies?

NO  PROCEED TO ITEM 22.

YES  A COPY OF AN APPROVED "REQUEST TO USE EXPLOSIVE ANESTHETICS" must be on file with the Environmental Health and Safety Fire Safety Chief.

#### SIGNATURES

22. Certification by Principal Investigator. [PI's signature is mandatory.]

I certify that these studies do not unnecessarily duplicate previous experiments. I further affirm that, to the best of my knowledge, information provided in this Animal Component of Research Protocol is complete and accurate and that no significant changes will be made without advance approval of the IACUC. I agree to provide records of personnel training when requested by USDA inspectors.

Signature	Date
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23. Approval Signatures

The undersigned have evaluated the care and use of animals described in this protocol in accordance with provisions of the Animal Welfare Act, the PHS *Guide for the Care and Use of Laboratory Animals*, and find that the procedures described are appropriate and acceptable. **COMMENTS AND DISSENTING VIEWS MUST BE GIVEN IN ITEM 24.**

Typed Name	Signature	Date
Veterinary Medical Officer or VM Consultant		



Chairperson, IACUC		
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24. Comments:

25. APPENDICES ATTACHED: None  Special Husbandry  Surgery   
Test Substances  Specimen Collection

SPECIAL HUSBANDRY PRACTICES  
(Complete only if applicable)

1. Description of non-standard practices or procedures. [Examples include: close confinement, temperature extremes, food or water deprivation, dietary manipulations, special housing, modified light cycle, restricted observation, restricted enrichment, etc.]

2. Justification.

3. Who will perform the procedure?

4. Describe the length of time each procedure will last.

5. Will the procedure cause more than momentary pain or discomfort?

NO  PROCEED TO ITEM 6.

YES  Describe the procedures or methods that will be used to minimize pain and discomfort.

6. Describe the methods for monitoring the condition of the animal during the length of the procedure and during the post-procedure period.

7. If different from ITEM 3, provide the name(s) of the person(s) responsible for monitoring the condition of the animals. .

You must provide to the WSU Staff the phone numbers where they can be reached during and after work hours . Check here to indicate this has been done.

**WICHITA STATE UNIVERSITY  
 INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)  
 ANIMAL PROTOCOL ANNUAL REVIEW FORM**

Principal Investigator: [Click here to enter text.](#)

Protocol Title: [Click here to enter text.](#)

Protocol No.: [Click here to enter text.](#)      Date of Initial Approval: [Click here to enter text.](#)

Expiration Date (for this reporting period): [Click here to enter text.](#)

Animal Species: [Click here to enter text.](#)

**1. RECORD OF ANIMAL USAGE:**

SPECIES	TOTAL # APPROVED FOR PROTOCOL	TOTAL # USED FOR PROTOCOL	TOTAL # USED FOR PAST YEAR
<a href="#">Click here to enter text.</a>	<a href="#">Enter text.</a>	<a href="#">Enter text.</a>	<a href="#">Enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Enter text.</a>	<a href="#">Enter text.</a>	<a href="#">Enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Enter text.</a>	<a href="#">Enter text.</a>	<a href="#">Enter text.</a>

**2. NATURE OF THE PROTOCOL/STUDY.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Survival (Chronic) Study | <input type="checkbox"/> Prolonged Restraint    | <input type="checkbox"/> Inducement of a Disease State     |
| <input type="checkbox"/> Terminal (Acute) Study   | <input type="checkbox"/> Neuromuscular Blockers | <input type="checkbox"/> Inducement of Behavioral Stress   |
| <input type="checkbox"/> Multiple Surgeries       | <input type="checkbox"/> Antibody Production    | <input type="checkbox"/> Administration of Test Substances |
| <input type="checkbox"/> Blood/Tissue Collection  | <input type="checkbox"/> Transgenic Breeding    | <input type="checkbox"/> Other _____                       |

3. (USDA) PROJECT (Pain) CATEGORY:     C     D     E

**Category C:** Involves *procedures that cause no pain or no more than momentary or slight pain* and no pain-relieving drugs are used.

**Category D:** Involves *procedures that may cause more than momentary or slight pain or distress* for which appropriate sedatives, analgesics, or anesthetics will be administered.

**Category E:** Involves *procedures that may cause more than momentary or slight pain or distress* for which sedatives, analgesics, or anesthetics cannot/will not be administered due to scientific considerations/requirements.

**4. PROTOCOL STATUS**

Protocol Continuance

- A.        Active - project ongoing
- B.        Currently inactive - project was initiated but is presently inactive.
- C.        Inactive - project never initiated but anticipated start date is: [Click here to enter text.](#)

5. **FUNDING SOURCE:** Specify the funding source.  
[Click here to enter text.](#)

6. **PROJECT PERSONNEL:** Please list all personnel working on this project.

Name	Role/Responsibility for Project
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

Are you requesting to add any new personnel at this time?  Yes\*  No

\*If yes, please complete the box below and make arrangements with the Animal Care Facility staff for in-service training on the proper care and handling of laboratory animals as well as complete CITI training.

NAME	HIGHEST DEGREE	YEARS AND TYPES OF RELEVANT EXPERIENCE

7. **PROGRESS REPORT.** If the status of this project is 4.A. (Active; project ongoing) or 4.B. (Project was initiated, but is presently inactive), provide a brief update on the progress made in achieving the specific aims of the protocol. Please include in your answer how animals were utilized during this reporting period and how that fits with the total number of animals approved for the protocol. Please provide an explanation for any large discrepancy between the number of animals requested and those utilized to date. (Please use as much space as needed to provide complete answers.)  
[Click here to enter text.](#)

8. **PROBLEMS/ADVERSE EVENTS.** If the status of this project is 4.A. (Active; project ongoing) or 4. B. (Project was initiated, but is presently inactive), describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.  
[Click here to enter text.](#)

9. **ALTERNATIVES TO ANIMAL USE.** Alternatives to the use of animals should be considered and used when possible. Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims? What sources were utilized to consider alternatives? If a database search was used, please provide, at a minimum: 1. the name of the database(s); 2. the date the search was performed; 3. the period covered by the search, and 4. the key words and/or the search strategy used.  
[Click here to enter text.](#)

10. **ALTERNATIVES TO POTENTIALLY PAINFUL PROCEDURES.** (Address the following if your project

involves USDA Category D or Category E.) Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible. Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims? If a database search was used, please provide, at a minimum: 1. the name of the database(s); 2. the date the search was performed; 3. the period covered by the search, and 4. the key words and/or the search strategy used.

[Click here to enter text.](#)

11. **DUPLICATION.** Activities involving animals must not unnecessarily duplicate previous experiments. Provide written assurance that the activities of this project remain in compliance with the requirement that there must be no unnecessary duplication.

[Click here to enter text.](#)

12. **FUTURE PLANS**

- No changes are planned and the project will continue as previously approved by the IACUC.
- Changes are planned. Provide a full description and justification for the proposed changes. (A copy of the IACUC Protocol Amendment Form has been included for this purpose.)

(Please note that if the modifications are significant, you may be required to complete a new application. If you have questions or require assistance in making this determination, please contact the IACUC Chairperson and/or the Attending Veterinarian.)

- Other: Provide a brief explanation.

[Click here to enter text.](#)

**CERTIFICATION OF THE PRINCIPAL INVESTIGATOR.** Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.

\_\_\_\_\_  
Printed or Typed Name of the Principal Investigator

\_\_\_\_\_  
Signature of the Principal Investigator

[Click here to enter text.](#)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of IACUC Chair

\_\_\_\_\_  
Date

**TEST SUBSTANCES**  
(Complete only if applicable)

1. Class of the test substances or other material:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A. Radioisotope     | <input type="checkbox"/> E. Tissues/Cells         | <input type="checkbox"/> I. Biomaterial            |
| <input type="checkbox"/> B. Infectious Agent | <input type="checkbox"/> F. Pharmacological Agent | <input type="checkbox"/> J. Excreta or Body Fluids |
| <input type="checkbox"/> C. Carcinogen       | <input type="checkbox"/> G. Adjuvants             | <input type="checkbox"/> K. Other (Describe)       |
| <input type="checkbox"/> D. Toxic Chemical   | <input type="checkbox"/> H. Antigenic substance   |  |

2. Identify the test substances or other material that will be administered to the animals:

	SUBSTANCE NAME	CLASS	DOSE	FREQUENCY	ROUTE	DURATION
1.						
2.						
3.						
4.						
5.						

3. Will the test substance(s) cause pain or distress to the animal?

NO  PROCEED TO ITEM 4.

YES  Describe the measures that will be taken to alleviate or minimize these effects.

4. IS THE TEST SUBSTANCE CONSIDERED TO BE A HAZARDOUS MATERIAL?

NO  STOP HERE.

YES  GIVE THE NAMES OF PERSONNEL WHO WILL WORK WITH HAZARDOUS MATERIAL then proceed to ITEM 5:

5. SAFETY PRECAUTIONS. SIGNATURE REQUIRED. [If you are using any radio-isotope, or hazardous material of any type, you must have authorization to work with these materials by the Director of Environmental Health and Safety. The Director's signature indicates that he has consulted with the Veterinary Medical Officer, and that adequate precautions, containment facilities, protective devices, carcass and waste disposal, cleanup procedures, and other necessary safety procedures are in place to protect personnel and prevent accidental animal exposure to the hazardous material.]

Director, Environmental Health & Safety \_\_\_\_\_  
(signature)

**SPECIMEN COLLECTION PRIOR TO EUTHANASIA**  
(Complete only if applicable)

1. Will invasive procedures be employed to collect tissue or body fluids from live animals during this experimentation?

NO  PROCEED TO ITEM 2.

YES  Characterize the procedure. [Any procedure that penetrates a body orifice, the integument, or a hollow visceral organ is invasive.]

*TISSUE OR FLUID COLLECTED      METHOD OF COLLECTION*

<i>TISSUE OR FLUID COLLECTED</i>	<i>METHOD OF COLLECTION</i>	<i>AMOUNT</i>	<i>FREQUENCY</i>

2. Will the procedure cause more than momentary pain or distress?

NO  PROCEED TO ITEMS 4 & 5.

YES  Give the anesthetic agent, sedative, or tranquilizing agent that will be used. *IF NONE IS TO BE USED, PROCEED TO ITEM 3.*

<i>AGENT</i>	<i>DOSE</i>	<i>FREQUENCY</i>	<i>ROUTE</i>

3. Justification for omission of pain relieving agents.

4. Describe the method of restraint used to execute this task for all procedures where surgical plans of general anesthesia are not detailed in number 2 above.

5. Briefly describe the non-invasive procedure and how the specimens will be collected.

LIVE SURGERY  
(Complete only if applicable)

1. Procedures. Describe the surgical procedures in enough detail so that reviewers will be able to determine what is actually being done to the animal.

2. Who will do the surgery?

3. Pre-operative procedures:

<input type="checkbox"/> Fasting (Length )	<input type="checkbox"/> Clip Hair	<input type="checkbox"/> Disinfect Site
<input type="checkbox"/> Withhold Water (Length )	<input type="checkbox"/> Scrub Site	<input type="checkbox"/> Place Catheter
<input type="checkbox"/> Other:		

4. Preoperative medications. INCLUDE SEDATIVES/TRANQUILIZERS/OTHER PRE-ANESTHETIC MEDICATIONS HERE.

<i>DRUG</i>	<i>DOSE</i>	<i>ROUTE</i>

5. Intraoperative medications and support. INCLUDE ANESTHETIC AGENTS/ PARALYZING AGENTS/FLUIDS/PHARMACEUTICALS ESSENTIAL TO SUPPORT THE SURGICAL PROCEDURE.

<i>DRUG</i>	<i>DOSE</i>	<i>ROUTE</i>

6. PARALYZING AGENTS. Federal regulations prohibit the use of these agents without general anesthesia. If you use these agents, you must check here . Why is it necessary to use these agents?

7. Intraoperative monitoring of the animal's condition. Describe the methods used to monitor the state of anesthesia and general well being.

8. Will the animal subjects regain consciousness following surgery?

NO  STOP HERE.

YES  ANSWER THE FOLLOWING QUESTIONS:



8a. How long will the animal survive?

8b. Will the surgery be performed in a room or area suitable for aseptic surgery?

YES  (Identify the location where surgery will be performed.)

NO  EXPLAIN:

8c. Which of the following aseptic techniques will be used?

<input type="checkbox"/> None (Explain: _____ )	<input type="checkbox"/> Sterile instruments	<input type="checkbox"/> Face mask	<input type="checkbox"/> Gloves
<input type="checkbox"/> Surgeon scrub	<input type="checkbox"/> Gown	<input type="checkbox"/> Other (Describe: _____ )	

8d. Will only one major survival surgical procedure be performed on a single animal?

YES

NO . IF NO, EXPLAIN WHAT WILL BE DONE, AND GIVE A SCIENTIFIC JUSTIFICATION FOR MORE THAN ONE PROCEDURE ON A SINGLE ANIMAL.

8e. Describe the post operative care, including drugs, fluids, and physical support methods, that will be given to the animals:

<i>DRUG OR FLUID</i>	<i>DOSE</i>	<i>FREQUENCY</i>	<i>ROUTE</i>	<i>DURATION</i>

*PHYSICAL SUPPORT METHODS:*

8f. Who will be responsible for post operative care?

An after work contact phone number must be provided to the WSU staff. Check here to indicate that it has been provided. .

**WICHITA STATE UNIVERSITY**  
**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**  
**ANIMAL TISSUE FORM**

Project Description Utilizing Animal Tissues but Not Live Animals

Introduction:

This abbreviated form is to be complete for research projects that utilize animal parts but do not actually require the use of "live" animals. For example, projects that utilize material from slaughterhouses or local farms etc. would employ this article. This exercise is intended to allow the WSU IACUC to maintain knowledge of all animal-related research ongoing on the campus.

Principal Investigator: \_\_\_\_\_

Co-Investigator(s): \_\_\_\_\_

Title of Project: \_\_\_\_\_

Protocol No.: \_\_\_\_\_

Date: \_\_\_\_\_

Species and tissue(s) to be utilized: (List the animal species and the tissues and/or parts needed).

Specify the funding source:

Source of animal material: (List the name(s) of the sources of the animal tissues, for example Yoder Meats, Yoder, KS. Provide documentation from the source, such as a letter stating conditions of the relationship between investigator and source.)

Provide the beginning and projected ending dates of the animal material use:

Provide brief description of disposal methods for animal tissues. Materials, etc.:

Please list the names of people who will utilize the material and their position, i.e. faculty, student etc.

Please provide a brief description of the use of the material in your research (use additional sheets if necessary):

CERTIFICATION OF THE PRINCIPAL INVESTIGATOR. Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.

\_\_\_\_\_  
Typed or Printed Name of Principal Investigator

\_\_\_\_\_  
Signature of the Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of IACUC Chair

\_\_\_\_\_  
Date