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| Salisbury University Institutional Animal Care & Use Committee  Specimen/Tissue Acquisition Application | | | |
| Protocol Registry Number:  (Assigned by SUIACUC) |  | Previous Protocol Number:  (Renewals Only): |  |
| CORE INFORMATION  Note: Documents sent from the PIs SU email address DO NOT require signatures. All documents FAXed, hand carried, or mailed DO require all signatures.  PERSONNEL INFORMATION | | | |

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| --- | --- | --- | --- |
| Principal Investigator: | | Department: | |
| Phone: | Fax: | | Email: |
| Project Title: | | | |
| Funding Source: | Is grant concordance certification required?  NO  YES (submit grant for review) | | |
| If funded by a federal grant, please provide the SPS #: | | | |
| If funded by a federal grant, please provide the Grant #: | | | |

CHARACTERISTICS OF THE SPECIMENS/TISSUES:

This application is limited to a request for vertebrate animal tissues (e.g., carcasses, organs, tissues, cells and body fluids). Animals will not be euthanized for the sole purpose of deriving these tissues. No protocol-specific antemortem manipulations will be involved in this animal tissue use. These tissues will be derived as a by-product from animals euthanized under other IACUC-approved protocols, or from other sources (e.g., recreational use such as hunting and fishing, slaughterhouse tissues, or from a by-product of commercial enterprise). This application is to document that appropriate practices of acquisition, use, and disposition of animals are followed. All descriptions for the collection of animal tissues must provide careful consideration of 1) occupational health and safety, and 2) public relations issues.

SPECIMEN/TISSUE USE JUSTIFICATION

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| --- |
| Describe in lay terms the purpose of this animal use study (250 words or less): |
|  |

PERMITS AND AUTHORIZATIONS

|  |  |  |
| --- | --- | --- |
| Are local, regional, or national permits or other authorizations required for the observation, capture, transportation, data collection or other proposed activity using these animals?  No. Permits or other authorizations are not required.  Yes. The permits and/or authorizations are required for the proposed activities.  If yes. please provide the following information for each required permit or authorization. If agency approval has not yet been obtained, indicate "pending" for date of approval and submit the required information when obtained. Note that certification of IACUC approval will not be provided until all required information has been received. | | |
| Agency #1 | Agency: |  |
| Agency phone or email: |  |
| Agency contact person: |  |
| Permit or Auth #: |  |
| Date of Approval: |  |
| Duration of Approval: |  |
| Agency #2 | Agency: |  |
| Agency phone or email: |  |
| Agency contact person: |  |
| Permit or Auth #: |  |
| Date of Approval: |  |
| Duration of Approval: |  |

LOCATION OF TEACHING COLLECTION OR TISSUE USE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Species | Sample (Tissue or Whole Animal) and Source of Sample | Location |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

DISPOSITION

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| --- |
| Briefly describe the final disposition of carcasses/tissues. (250 words or less): |
|  |

PERSONNEL AGREEMENT

|  |  |
| --- | --- |
| This description is complete and accurate. Personnel/students are adequately trained and experienced, or supervised to perform these procedures, and are aware of occupational health & safety practices associated with the use of animal tissues. All vertebrate animal tissues will be acquired by lawful means, used judiciously, and disposed of appropriately | |
| I accept responsibility for conducting my work in accord with the statement above. | |
| Date: | Personnel Signature: |