

APPLICATION FOR USE OF ANIMALS IN RESEARCH, TEACHING, AND SERVICE

Lamar University Institutional Animal Care and Use Committee (IACUC)

University and Federal policy state that any use of vertebrate animals in research or instruction must have the approval of the Institutional Animal Care and Use Committee. Please complete this questionnaire. After submission your proposal will be reviewed. You will receive a letter of approval or recommendations for changes required for approval.

Please submit to rspa@lamar.edu.

All investigators are required to:

1. Read the Policies and Procedures concerning animal use at Lamar University.
2. Complete, in addition to this form, those required if the project involves the use of biohazardous agents, radionuclides, or the use of human subjects.
3. Equipment, such as those required for purchase or rental, have available any permits or licenses that are needed, pesticides, biohazardous agents, the performance of certain diagnostic procedures (if for a fee), or for the import, export, transport and/or release into the environment of any of these agents.
4. Annual procedures in accordance with the regulations apply to all participants. Submit an electronic copy to rspa@lamar.edu.

SECTION 1: GENERAL INFORMATION (Section 1 must be completed by all applicants)

APPLICATION DATE:			
PROJECT TITLE:			
Investigator NAME:			
TITLE:			
DEPARTMENT:		CAMPUS BOX:	
EMAIL:		4-DIGIT PHONE:	
MAILING ADDRESS			

1. All information provided in this application is correct to the best of your knowledge.
2. This protocol will be carried out in accordance with the Animal Protocol and that this work does not represent unnecessary duplication of research.
3. The investigator will be responsible for the care and well-being of the animals during the course of the project.
4. All personnel who work with animals in this protocol have or will have appropriate training in the approved procedures prior to independent work with the animals. New personnel will be identified and trained prior to working with the animals.
5. Approval from the IACUC must be obtained for any change to an approved protocol or submission of an amendment form.

If yes, fill out the forms for the Biosafety and Radionuclide Institutional Review Committee form.

If no university animal care facilities are required, skip section IV. If animals are to be housed on campus call 408-2272 or email: rspa@lamar.edu for assistance in completing sections II and III.

II. Animals and Facilities Required:

A. Species and strain required: ___

B. Commercial supplier: _

4. Access to the facility other than weekdays 8am-5pm.

5. Do you want the facility personnel to perform any procedure other than feeding, watering, and cleaning the cages of your animals? If so, please describe the procedure in detail and estimate the number of hours per day required. You may attach an additional sheet.

III. Costs:

A. Total number of animals to be housed _____

B. Number of days each animal will be housed _____

C. Number of Animal Days (A X B) _____

D. Cost for 1 animal/day X animal days = _____

E. List Special Services Requested of facility personnel:

Cost/hour _____ X Hours needed _____ = _____

F. Cost of Animals (if supplied by Tech, see cost sheet)

Species, Sex, and Age of Animals

Cost per animal(see cost sheet) _____ X number needed _____ = _____

G. Special supplies (list with price)

Total cost of special supplies = _____

H. Special equipment needed (list)

Total cost of special equipment = _____

I. Total to be paid Animal Facilities Account = _____

Enter the above costs in the appropriate section of your grant proposal or indicate the source of your funds.

V. Training information. List the names of each person having direct contact with animals on this protocol.

	Name	Where trained
1.		
2.		
3.		
4.		
5.		

If you or your personnel have not received training, you must arrange to complete the training at www.citiprogram.org.

Student volunteers and field assistants to be hired for this work will be trained by the PI

Principal Investigator: _____

Print or type

Signature

Date

Facilities Director (if applicable) _____

Date

IACUC Committee Chairman: _____

Date