

Application for WCM IACUC Collaborative Projects

The purpose of this form is to inform the WCM IACUC of collaborative projects and where the animal work will take place offsite. For further details on this process please refer to the IACUC Policy on Collaborative Project.

I. General Information

Name: _____ Degree: _____

Academic Title: _____ Department: _____

Address: _____ Division: _____

Phone: _____ Email: _____

Collaborators Protocol Title: _____

Project Duration: _____ to _____

II. Funding Source Information:

Internal Source of Funding: _____

External Granting Agency: _____

Grant Number: _____

Grant Title: _____

III. Project Information

1. Please address the following:

a. Collaborating Investigator: _____

b. Collaborating Institution: _____

c. You **must** provide an IACUC approval for this project from the collaborating institution
(Please select & provide both):

- Attach a copy of the protocol approval letter.
- Attach a copy of the approved protocol.

d. The collaborating institution (*check all that applies*):

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | is PHS assured* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | is AAALAC accredited* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | is a USDA registered research facility (if the project involves the use of non-human primates, dogs, cats, swine, rabbits, hamsters, cotton rats, guinea pigs, and/or ferrets.) |

* **Requirement:** The collaborating institution must be PHS assured and AAALAC accredited. The IACUC will give consideration to other institutions if adequate justification is provided.

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2. Please provide a brief description of the project and the role of the collaborating investigator(s).

3. Please provide a description of your role/involvement in this project and the work you intend to conduct at WCM?
(Please be sure to indicate whether you are receiving tissue or data)

Signature: _____

Date: _____

For Committee Use Only:

Reviewed By: _____

Date: _____

RARC Veterinarian

- no comments or concerns
- during my review, the following concerns were noted:

Reviewed By: _____

Date: _____

IACUC chair/co-chair

- no comments or concerns
- during my review, the following concerns were noted: