

**Memorial Sloan Kettering Cancer Center**  
**Weill Cornell Medical College**  
Institutional Animal Care and Use Committee

**Registration for Use of Fertilized Vertebrate Eggs**

Pre-hatch vertebrate embryos are not considered animals under applicable Federal and State regulations and therefore no IACUC approval is required for their use. However, because of the potential that an egg may accidentally hatch producing a live vertebrate animal (which is covered by select animal welfare regulations) the MSK and WCM IACUC each require laboratories that use fertilized vertebrate eggs to register with the IACUC on an annual basis.

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

Laboratory Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Location of Use (room number of laboratory): \_\_\_\_\_

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The undersigned confirms to comply with the following requirements:

1. The IACUC requires that all fertilized eggs must be purchased through the Animal Procurement Service offered by the Center for Comparative Medicine and Pathology's Research Animal Resource Center (CCMP/RARC). Please contact ([animreq@mskcc.org](mailto:animreq@mskcc.org)) or 646-888-2408 to place an order.
2. Eggs must be ordered from a CCMP approved vendor (<https://encompass.mskcc.org/encompass/Document/Group?id=8147641>)  
☐ We request an additional vendor be added to the approved vendor list. (Please complete the respective section on Appendix 1)
3. In case eggs hatch accidentally the animals **must** be euthanized within 24 hours after hatching. Chicks must remain in the brooder until euthanasia. Aquatic species remain in their original holding container with water changes conducted as needed.  
Select one:  
☐ CCMP/RARC staff will euthanize the animals according to the [IACUC Recommended Methods of Euthanasia For Laboratory Animals](#) or utilizing another method consistent with the [AVMA Guidelines](#). We will contact CCMP/RARC at 646 888-2400 (MSK) or 212 746-1023 (WCM) to report the hatched animals and arrange a time and place to drop off the animals.  
☐ We will euthanize the animals ourselves. (Please complete the respective section in Appendix 1)
4. Accidental hatching of eggs must be reported by sending an e-mail to the IACUC within one week. The e-mail needs to contain the name of the PI, the date of hatching, the number of animals that have hatched and the date and method of euthanasia.

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Signature of Principal Investigator

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Date

**IACUC USE**

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

Review required: ☐ yes

☐ no

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### Request to add an additional vendor to the approved vendor list

Please provide the following information:

Vendor Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Website: \_\_\_\_\_

Adding a new vendor will require review by a CCMP/RARC veterinarian. The vendor cannot be used until the veterinary review is complete and the vendor has been added to the approved vendor list.

Veterinary review by: _____ Date: _____ Approved: <input type="checkbox"/> yes <input type="checkbox"/> no If not approved provide reason: _____ _____
Vendor added to the approved vendor list on _____ by: _____
Investigator notified on _____ by: _____

### Euthanasia performed by investigator

Please provide a detailed description of the procedure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinary review by: _____ Date: _____ Approved: <input type="checkbox"/> yes <input type="checkbox"/> no
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List the personnel who will be performing the procedure:

Name	Trained?
_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	<input type="checkbox"/> yes <input type="checkbox"/> no

EQA confirmation	
Training date	Initials