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| **(Necropsy samples, left over samples from the clinic and laboratory, sample sharing from another IACUC approved protocol. I.e.: Samples and tissues which would otherwise be discarded and not used.)** |
| **SECTION 1 – General Information** |
| **PI Name:** | **Department:** |
| **Phone Number:** | **E-mail:** |
| **Project Title:** |
| **Source of Funding:** |

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| **SECTION 2 – Study Description** |
| **Provide a brief description of the study in Layman’s terms:** |

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| **SECTION 3 – List of Requested Specimens** |
| **For each type of specimen requested, list the species, number, and source.**  |
|  | **Species****Number****Source** | **Species (*example*)****Number****Source** |
| **Tissues from Necropsy** |  | **Dog****10****From neuters** |
| **Blood and Bodily Fluids** |  | **Cat****15****Left over clinic samples** |
| **Fecal Samples** |  | **Cat****100****Cages of cats** |
| **Parasites** |  | **Donkeys****10****Euthanized for health** |
| **Other (describe)** |  |  |

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| **SECTION 4 – IACUC Approval for Shared Specimens** |
| **If tissues or samples are coming from an experimental study which requires an IACUC approval provide the following information.** |
| **Name of Approving IACUC:** |
| **Approved IACUC Protocol Number:** |
| **IACUC Protocol Title:** |
| **PI of Approved Protocol:** |

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| **SECTION 5 – Additional Information** |
| **Do you need Institutional Biosafety Committee (IBC) approval for working with these animal tissues?** | **Yes** [ ]  **No** [ ]  |
| **How are the animal tissue specimens collected, prepared and shipped if received from another location?** |
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| **How are the animal tissue specimens to be used?** |
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| **SECTION 6 – PI Assurance** |
| **PI assures that there were no manipulations (such as dietary changes, biopsies, increased blood sampling, increased restraint, etc.) of live animals performed specifically to obtain tissues or samples for the research.****Any samples obtained from live animals (blood, ecto-parasites, feces via rectal collection) will be left-over samples from the clinic or diagnostic laboratory or samples collected as part of an approved IACUC protocol at RUSVM or elsewhere (PI must get prior approval from RUSVM director, diagnostic Labdirector and the PI of the IACUC protocol before the acquisition of samples)****No animal was captured, trapped or euthanized specifically for this research use.** |
| **Signature of Principal Investigator:** | **Date:** |
| **Name of approving center director:** | **Date:** |
| **Signature** **of approving center director:** |