 **WESTERN UNIVERSITY OF HEALTH SCIENCES**

**Institutional Animal Care and Use Committee**

**\**

**REQUEST FOR DETERMINATION**

This form is to be completed and submitted to the Chair of the Institutional Animal Care and Use Committee (IACUC) at [dewalters@westernu.edu](mailto:dewalters@westernu.edu) for all University club activities involving the use of animals to determine whether or not the activity requires that an IACUC protocol application be submitted for review and approval prior to initiating the activity.

Project Title:

Faculty Member Overseeing Activity (one name only):

College/Department/Unit: Phone: Email:

Description of Project (Limit to 250 words but provide enough information for a determination to be made.):

Include: a) the **rationale** for the activity;

b) the **species** of animal(s) involved; and

c) the **number(s)** of animals involved.

d) exactly what will be done to the animals (e.g., observation, handling, palpation,

injections, blood collection, drug administration, etc.)

Note: Any activities not described here regarding what will be done to the animals must be submitted to the IACUC for review and approval prior to their implementation.

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**BELOW LINE FOR IACUC USE ONLY**

\*\*To select a check box, **double click** the box and select “Checked” under Default Value.

The activities as described **DO NOT** require submission of an IACUC protocol.

The activities as described **DO** require submission of an IACUC protocol. IACUC approval must be obtained before the project may begin.

Comments:

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Signature of IACUC Chairperson

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Print Name of IACUC Chairperson