

 **ANIMAL TISSUES OR SPECIMENS FOR USE IN RESEARCH**

To obtain or donate animal tissues or specimens for use in research that are not presently covered in a current WesternU IACUC-approved protocol for which you are the Principal Investigator (PI), complete this form and submit a signed copy to the IACUC Secretary (sdominguez@westernu.edu). The Institutional Animal Care and Use Committee (IACUC) must first approve the request prior to their acquisition. **Note: All persons wishing to obtain animal tissues must be enrolled in WesternU’s Occupational Health and Safety Program prior to obtaining the tissues unless exempted by the IACUC.** Contact the IACUC Chair at x-5592 or at dewalters@westernu.edu for further information.

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

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Principal Investigator (PI):  Dept./College/Unit:

Office Phone:  Cell:  Email:

Project Title:

Funding Source/Agency:       Not Applicable [ ]

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**ANIMAL TISSUES OR SPECIMENS**

List the species and all of the tissues or specimens requested:

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| --- | --- | --- |
| Species | Tissue/Specimen | Source (Name & Full Address or WesternU PI & Protocol No.) |
|  |  |  |
|  |  |  |
|  |  |  |

Brief description of purpose:

**ASSURANCES** (mark all that apply) - Note: If tissues or specimens are obtained from outside the U.S., contact the IACUC Chair or Attending Veterinarian for instructions before completing or submitting this form.

[ ]  Yes [ ]  N/A All slaughter house tissues/specimens are obtained from a USDA inspected facility. Provide the USDA Registration No., if available.

[ ]  Yes [ ]  N/A All tissues/specimens obtained from a research facility, including WesternU, are acquired from animals euthanized under IACUC-approved protocols. No additional animals are euthanized under these protocols, nor are any additional, unapproved, procedures conducted prior to euthanasia, for the sole purpose of providing these tissues/specimens. I understand that prior to the euthanasia of animals for the sole purpose of obtaining animal tissues/specimens, an IACUC- approved protocol is required.

[ ]  Yes [ ]  N/A List the approved IACUC protocol numbers under which these tissues/specimens are being provided. Provide the institution name for each number.

[ ]  Yes [ ]  N/A The animal(s) from which tissues/specimens will be collected is/are being euthanized or used for clinical reasons based upon the decision of the Attending Veterinarian or his/her designee and that no procedures will be conducted prior to the euthanasia or during the euthanasia procedure for the sole purpose of the research for which these tissues/specimens are being requested.

[ ]  Yes [ ]  N/A Tissues/specimens obtained from animals trapped or caught in the wild are obtained from animals trapped or caught under an IACUC-approved protocol and no additional animals are trapped or caught under these protocols, nor are any additional, unapproved, procedures conducted on such animals, for the sole purpose of providing these tissues/specimens.

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Principal Investigator Signature & Print Name Date

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Department Chair or Dean Signature & Print Name Date

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IACUC Chair and Print Name Date