

Vertebrate Animal Form (5A)

Required for all research involving vertebrate animals that is conducted in a school/home/field research site.
(SRC approval required before experimentation.)

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher:

1. Common name (or Genus, species) and number of animals used.
2. Describe completely the housing and husbandry to be provided. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc.
3. What will happen to the animals after experimentation?
4. Attach a copy of wildlife licenses or approval forms, as applicable.

To be completed by Scientific Review Committee (SRC) BEFORE experimentation

Level of Supervision Required for agricultural, behavioral or nutritional studies:

- Designated Supervisor REQUIRED. Please have applicable person sign below.
- Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
- Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site.

SRC Pre-Approval Signature:

SRC Chair Printed Name

Signature

Date of Approval

To be completed by Veterinarian:

- I certify that I have reviewed this research and animal husbandry with the student before the start of experimentation.
- I certify that I have approved the use and dosages of prescription drugs and/or nutritional supplements.
- I certify that I will provide veterinary medical and nursing care in case of illness or emergency.

Printed Name

Email/Phone

Signature

Date of Approval

To be completed by Designated Supervisor or qualified supervisor when applicable:

- I certify that I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.
- I certify that I will directly supervise the experiment.

Printed Name

Email/Phone

Signature

Date of Approval

Vertebrate Animal Form (5B)

Required for all research involving vertebrate animals that is conducted in at a Regulated Research Institution.
(IACUC approval required before experimentation.)

Student's Name(s) _____

Title of Project _____

Title and Protocol Number of IACUC Approved Project _____

To be completed by Qualified Scientist or Principal Investigator:

1. Species of animals used: _____ Number of animals used: _____

2. a. Pain designation for the IACUC protocol: _____

b. Pain designation for student's project: _____

3. Describe, in detail, the role of the student in this project: animal procedures and related equipment that were involved with, oversight provided and safety precautions employed. (Attach extra pages if necessary.)

4. Does the student's project also involve the use of tissues?

- No
- Yes, Be sure to complete Forms 6A and 6B

5. What laboratory training, including dates, was provided to the student?

6. **Attach a copy of the Regulated Research Institution IACUC Approval.** A letter from the Qualified Scientist or Principal Investigator is not sufficient.

Certification or Documentation of Student Researcher Training

List Certificate Number or Attach Documentation

Date(s) of Training

Qualified Scientist/Principal Investigator Printed Name

Signature

Date

IACUC Chair/Coordinator Printed Name

Signature

Date