Title of Study: 

Principal Investigator:
Name: __________________________  Phone: __________________________
CITI Certification #: __________________________  Email: __________________________

Co-Investigator(s) / Sub-Investigator(s):
Name: __________________________  CITI Certification #: __________________________
Name: __________________________  CITI Certification #: __________________________
Name: __________________________  CITI Certification #: __________________________
Name: __________________________  CITI Certification #: __________________________
Name: __________________________  CITI Certification #: __________________________
Name: __________________________  CITI Certification #: __________________________

Faculty/Staff Advisor (If not Principal Investigator)
Name: __________________________  Phone: __________________________
CITI Certification #: __________________________  Email: __________________________

Signature of Principal Investigator and Faculty/Staff Advisor
Signature certifies that all listed study personnel have reviewed the proposal and that the research will be conducted in full compliance with MCLA policies and federal regulations. It is understood that:

1. All changes in the study must be approved by the MCLA IACUC prior to implementation
2. Adverse events must be reported to the IACUC

Signature of Principal Investigator: __________________________
Faculty/Staff Advisor: (If not Principal Investigator) __________________________
Date: __________________________
1. Project Type

Is this proposal for a class project

☐ Yes     Class Title ___________________________     ☐ No

2. Location

Where the research will be conducted

☐ MCLA Campus

☐ Other Educational Site (e.g. _____________________)

☐ Organization or Institution

3. Protocol

Attach a copy of protocol including the information outlined in the MCLA IACUC Protocol Outline attached hereto.

Forward one copy of your research protocol to the IACUC by email to IACUC@mcla.edu and mail your application to the Office of IACUC, Bowman Hall Room 219.
MCLA

Institutional Animal Use and Care Committee
Application to Use Vertebrate Animals

Project or Course Title:

Principal Investigator:

Date of Application:

Proposed Start Date: Proposed End Date:

Animal Models

Species:

Age:

Sex:

Housing Location:

Transportation (if applicable):

Describe why the use of vertebrate animals is necessary to meet the goals of the investigation. Could the objectives be met with alternative means (for example computer models or in-vitro biological systems)

Number of Subjects to be used:

How was the number of animals to be used determined?
Animal Use Summary

In language understandable to a layperson, briefly describe any teaching or experimental protocols, outside of normal husbandry, to be performed on the animals:

Do you anticipate the animals will experience more than momentary or slight pain or discomfort as a result of your procedures?

If YES, describe what you will do to relieve this discomfort and assure that no animal experiences undue pain or distress during the course of your procedures.

Also describe how frequently and how you will monitor your animals to insure they are not experiencing pain or discomfort from your procedures or from unanticipated illness or injury.

If the animals are not euthanized at the end of the procedure/project, what will happen to them?