

ADMINISTRATIVE COVER SHEET FOR AN APPLICATION TO USE LIVE VERTEBRATE ANIMALS IN RESEARCH OR TEACHING

Arkansas Tech University
Institutional Animal Care and Use Committee (IACUC)

FOR OFFICE USE ONLY

IACUC PROTOCOL NUMBER: _____

IACUC Approval has been granted for the project described in this document

Original Approval Date: _____

Approval Period: _____

From

To

TO BE COMPLETED BY THE APPLICANT

Is the application eligible for an expedited review under USDA guidelines? (If USDA pain category D or E applies to the project as notated on item 3.2 of the application, the application is not eligible for expedited review). If eligible, please justify the need for the expedited review on item 8 of the cover sheet.

___ Yes

___ No

Please submit this form electronically as a single .pdf document to the Office of Sponsored Programs email. Also submit as a separate single .pdf, the respective application relative to one of the last three categories checked immediately below. Both attachments go to opsui@atu.edu. Paper submissions will not be accepted.

- Check one:**
- ☐ New Application for Research
 - ☐ New Application for Teaching (which will be issued for a three-year period).
 - ☐ 3 Year Renewal for Research or Teaching - Highlight any modifications to procedures when completing the new application. Please provide the previously assigned IACUC protocol number here _____
 - ☐ *Agricultural* (Agricultural Source/Use) Also Submit Associated Application
 - ☐ *Field* (Field Sampling or Wild/Feral Source/Use) Also Submit Associated Application
 - ☐ *On-Site* (Captive Animal Source/Use) Also Submit Associated Application

1. **TITLE OF PROJECT:**

2. **PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR INFORMATION:** *(If not an ATU faculty, include an ATU faculty sponsor, see question # 5)*

Name: _____ Department: _____

Work Address: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax Number: _____

Emergency Phone (after Hours): _____

3. **CO- INVESTIGATOR INFORMATION:** *(If not an ATU faculty, include an ATU faculty sponsor, see question # 5)*

N/A ____

Name: _____ Department: _____

Work Address: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax Number: _____

Emergency Phone (after Hours): _____

4. **CONTACT PERSONFOR PAPAERWORK ISSUES:** *(If other than PI/PD)*

N/A ____

Name: _____ Department: _____

Work Address: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax Number: _____

Emergency Phone (after Hours): _____

N/A _____

Work Address: _____

Cell Phone: _____ **Fax Number:** _____

Emergency Phone (after Hours):_____

Qualification of the PI(s): ☐ **PhD**
 ☐ **MS**
 ☐ **BS**
 ☐ **Other** (explain)

The PI/PD must approve or oversee the qualifications, training, and safety of all personnel who will be handling animals associated with this project. Please list any additional training required for this project.

___ Intramural Funding: (e.g. Departmental funds, Undergraduate Research Funds, personal funds, donors/gifts, etc.) *Please list all ATU identification numbers of funding if applicable.*

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___ **Extramural Funding:** (if applicable, include ATU budget titles and codes)

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8. EXPEDITED REVIEW

If the application is eligible, please justify the need for an expedited review (e.g. pending grant proposal).

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