

**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 [ospui@atu.edu](mailto:ospui@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 PERSON FOR PAPERWORK ISSUES:** *(If other than PI/PD)*

N/A \_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Emergency Phone (after Hours): \_\_\_\_\_

5. **ATU FACULTY SPONSOR:** (required if PI/PD is not an ATU faculty)

N/A \_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Emergency Phone (after Hours): \_\_\_\_\_

6. **QUALIFICATION AND TRAINING OF PERSONNEL:**

Qualification of the PI(s): \_\_\_ PhD  
\_\_\_ MS  
\_\_\_ BS  
\_\_\_ Other (explain)

**Training:**

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.

7. **FUNDING** (Describe all funds you plan to apply for, have pending, or have received)

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

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

**8. EXPEDITED REVIEW**

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