**HENDRIX COLLEGE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

DETERMINATION OF NEED FOR IACUC REVIEW

Federal regulations and Hendrix College policies require IACUC review and approval for the use of “any live vertebrate animal used or intended for use in research, teaching, experimentation, or biological testing or for related purposes.” In some situations, the need for IACUC review may not be entirely clear:

* Tissues originating from animals covered by another PI’s IACUC approved protocol.
* Vertebrate animal products, including but not limited to tissues and blood products.
* Purchase of monoclonal or polyclonal antibodies.
* Animals maintained for purposes other than research, training, teaching, testing, or related purposes.

Please complete and submit this form to the IACUC for a determination of whether the proposed activities require committee review.

**Submission to the Hendrix College IACUC:** Complete this form and email to [iacuc@hendrix.edu](mailto:iacuc@hendrix.edu).

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| **SECTION 1: Contact Information** | | | |
| 1. HC Principal Investigator: | |  | |
| 1. PI Department | |  | |
| 1. Phone #: | |  | |
| 1. E-mail Address: | |  | |
| 1. Funding Source: | | | |
| |  |  | | --- | --- | |  | \*Grant/Subaward *(provide details below)* | |  | \*Contract/Subcontract *(provide details below)* | |  | Department or campus funds (includes department support, unrestricted funds, start-up funds, personal funds, campus program awards, etc.) | |  | Non-cash support from manufacturer/sponsor (e.g., free drug, device, research materials) | |  | Other (describe): | | | |
| 1. \*List all extramural proposals or awards that will support these activities**:** | | | |
| *Sponsor Name* | *Award #* | *SPA Proposal #* |
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| **SECTION 2: Nature of the Activity** |
| *Describe the project or activity that involves “use” of animals, animal tissues, or agents derived from animals:* |
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| SECTION 3: Determination of Animal Use | | | | | | | |
| 1. Animal species proposed for use: | | | |  | | | |
| 1. Do the activities involve analysis of existing *specimens* (i.e., specimens have already been collected and are available for analysis)? Specimens can be the parts of an organism (e.g., blood, tissue, etc.) or the whole organism. | | | | | | | |
| **YES**\*  **NO** | | | | | | |
| \*Provide the following information regarding the collaborator from whom the specimens will be obtained: | | | | | | |
| *Name* | | *Email Address* | | | *HC Faculty?* | |
|  | |  | | | **YES** | **NO** |
| 1. Do you plan to purchase animal products from a commercial vendor/breeder/meat-packing facility? | | | | | | | |
| **YES**\*  **NO** | | | | | | |
| \*Proposed vendor (include contact information): | | | |  | | |
| * 1. Will the animal be alive when acquired by the vendor to supply your order? | | | | | | |
| **YES**\*  **NO** | | | | | |
| 1. Will the animal be alive when you acquire the animal? | | | | | | | |
| **YES**\*  **NO** | | | | | | |
| 1. Will any procedures be conducted on live animals prior to euthanasia? | | | | | | | |
| **YES**\*  **NO**   **I DON’T KNOW** | | | | | | |
| \*Describe procedures in detail: | | | | | | |
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| **SECTION 4: Study Information** | |
| 1. What is the purpose of the activity that requires animals/animal tissue? | |
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| 1. What type of data and/or specimens will be collected? | |
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| 1. Describe how the data and/or specimens will be harvested/obtained. | |
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| **SECTION 5: Researcher Signature(s)** | |
| Researcher’s Signature | Date |

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| **HC DETERMINATION OF NEED FOR IACUC REVIEW** | | |
| *For IACUC office only (Researchers do not complete this section.)* | | |
|  | The activities as described **DO NOT** require review of the Institutional Animal Care and Use Committee because: |  |
|  | The activities as described **DO** require review of the Institutional Animal Care and Use Committee. Submission of an IACUC Application **IS REQUIRED**. IACUC Approval must be obtained before the research can begin. | |
| Signature of IACUC Office Representative    Name of IACUC Office Representative | | Date |