Abbreviated IACUC Protocol Application Form:

Contracted Vertebrate Animal Activities

Please complete if these conditions apply:

- Your research requires contracting or subcontracting an outside PHS assured institution (including the production of custom antibodies or custom surgical models)
- Additional vertebrate animal work is not being conducted at WSU.

Protocol Title: (For custom-made antibodies, please list the proteins for which antibodies are required or the custom surgical procedure):

_____

Principal Investigator: _____

Campus Address: _____

Email: _____

Phone: _____

Funding Source/Agency: _____

Fund Title: _____

Sponsor Grant Number: _____

PI on Grant (if different than PI on Protocol_____

Institution/Research Organization Name: _____

PHS Assurance #: _____

USDA # (if applicable): _____

Synopsis: Briefly Explain in layman's terms, how this research (using custom antibodies/surgical models) relates to human and/or animal medical, physical, physiological, or psychological diseases or problems.

Will animal tissues or parts be sent to WSU for this work?

PI experience and qualifications for training profile:

Literature Search: (Please search antibody databases to assess commercial availability. Recommended source: http://www.abcam.com/)

Databases Searched:

Date Searches Were Conducted: _____

Results of Search for Unnecessary Duplication (Please indicate whether the antibodies you are requiring are commercially available or not.

If the antibody or antibodies are commercially made and your research requires custom-made antibodies, please provide scientific justification for their use here:

Antibodies source(s) name (State the name(s) of the facility/institution producing the custom-made antibodies and a contact name and phone number):

Will the Ascites method be used? Select one: Yes ☐ No ☐

If the Ascites method will be used, please provide justification for using this method:

Please attach a copy of the outside contracted/subcontracted institution's IACUC approved protocol.

Additional information may be requested by WSU's IACUC for review (especially if the ascites method of antibody production is used).

Please date and sign below:

Date: _____

By signing here, _____ I certify that I am the Principal Investigator of this IACUC protocol; that I am verifying that all information in the protocol is correct and accurate to the best of my knowledge.

Please send this document to the IACUC Office:

Julie Buchanan: 937-775-2664; julie.buchanan@wright.edu