**IACUC**

**Notice of Intent to Use Embryos**

**for Research and Teaching Involving Animal Subjects**

***(to be completed after each review)***

**Project Title:** Click here to enter text.

**Faculty/Staff Investigator**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**Student Investigator,** If applicable**:**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

 **Embryo Use Summary**

Purpose of the Activity and Procedures

Click here to enter text.

Length of Normal Incubation Embryo

Click here to enter text.

Age(s) at Planned Use

Click here to enter text.

Location Where Embryo Use will Occur

Click here to enter text.

Procedure for Euthanasia of Inadvertently Hatched Animals

Click here to enter text.

Method of Euthanasia of Embryos

Click here to enter text.

***Investigator’s Assurance:*** *I attest that I am aware of the applicable principles, policies, regulations, and laws governing the University’s Animal Care and Use in Institutional Research policy and that I will be guided by them in the conduct of this research.*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Principal Investigator or Student Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Faculty/Faculty Advisor Date**

**IACUC Use Only**

 [ ]  Approved

 [ ]  Denied

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **IACUC Chair Date**

 cc Provost/Vice President for Academic Affairs and Student Services

 Principal Investigator