|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR FLORIDA INSTITUTE OF TECHNOLOGY IACUC USE ONLY** | | | | |
| Tissue Form Number: |  | Project Keywords: |  | |
| Receipt Date: |  |  |  |  |

**ANIMAL TISSUE USE FORM**

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

Florida Institute of Technology

150 West University Blvd., Melbourne FL 32901

[iacuc@fit.edu](mailto:iacuc@fit.edu)

|  |  |  |
| --- | --- | --- |
| Check as applicable: | | [Note: If you experience issues with entering text, click in the right margin outside the horizontal plane of any check boxes. For form compatibility issues, email iacuc@fit.edu] |
|  | New Application  Renewal application including changes  Renewal application w/out changes |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Principal Invetigator:** | | | | Click here to enter text. | | |
| **Campus Address:** | | | Click here to enter text. | | | |
| **Phone:** | Click here to enter text. | | | | **E-mail:** | Click here to enter text. |
| **Department:** | | Click here to enter text. | | | | |
| **Co-investigators(s):** | | | | Click here to enter text. | | |

## 

## Section A.

**1. TITLE OF PROJECT**: *(The title should be identical to the one submitted to the funding agency. If more than one title applies, list them all here, and indicate which funding agency applies to which title).*

|  |
| --- |
| Click here to enter text. |

**2. SOURCE OF FUNDING**: (*If the proposal is sent to more than one agency and uses more than one title, please explain. Once a project is awarded and funds received, the other proposals usually become void under this protocol approval. Each funded animal project must have its own Form. Any exceptions to this should be explained here.*

|  |
| --- |
| Click here to enter text. |

## 3. LIST ALL SPECIES OF ANIMAL TISSUE TO BE USED, THE TISSUE TYPE AND NUMBER OF TISSUE SAMPLES

|  |  |  |
| --- | --- | --- |
| SPECIES | TISSUE TYPE | TOTAL NUMBER REQUESTED |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**4. SOURCE OF ANIMAL TISSUES** *(List locations of animal tissue collection. If collected from a facility/ institution, list the name, department and address).*

|  |
| --- |
| Click here to enter text. |

**5. DESCRIPTION OF ANIMAL PROJECT IN NONTECHNICAL TERMS** *(Include a statement of your experimental hypothesis (or teaching objectives) written in lay terms so it can be understood by the general public (non-technical, high school level language). Include in your description what possible contributions your work might make to the broad disciplines of human/animal well-being or the expansion of human knowledge).*

|  |
| --- |
| Click here to enter text. |

**6. PLEASE LIST ALL PERSONNEL CONTACTING ANIMAL TISSUES:** (*Persons listed below must be enrolled in the Animal Contact Program for occupational health and safety. For most academic classes, the students do not have substantial animal contact to warrant listing their names here. Substantial animal contact is intended to describe those individuals who would be at risk from REPEATED aerosol exposure (allergies) or physical exposure from their contacting the animal tissue listed above. Where turnover of students makes this listing impractical, the instructor or responsible faculty should be listed).*

|  |  |  |
| --- | --- | --- |
| **NAME** | **DEPARTMENT** | **PHONE** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**7. ARE ANY LOCAL, STATE OR FEDERAL PERMITS REQUIRED OF THIS ANIMAL USAGE? TYPE YES or NO. If YES**, *please describe. If you already have a permit, please attach a copy of the permit to this application.*

|  |  |  |
| --- | --- | --- |
| **PERMIT TYPE** | **CERTIFYING AGENCY** | **EXPIRATION DATE** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**8. PRINCIPAL INVESTIGATOR ASSURANCES** *(Choose the appropriate box for each statement)*

|  |  |  |
| --- | --- | --- |
| True | N/A | I assure that all slaughter house materials are obtained from a USDA inspected facility. Provide USDA Registration Number: Click here to enter text. |
| True | N/A | I assure that all tissues/products derived from non-human primate species are packaged and transported in compliance with federal, state and local regulations. |
| True | N/A | I assure that animal tissues/products obtained from research facilities (including FIT facilities) are acquired from animals euthanized under IACUC- approved protocols. I also assure that no additional animals are euthanized under these protocols nor are any additional, unapproved procedures conducted prior to euthanasia for the purpose of the research requiring the specified animal products. I understand that prior to the euthanasia of animals for the sole purpose of obtaining animal tissues/products, an IACUC-approved protocol is required.  \*\* Please list IACUC #’s of research protocols from which animal tissues/products are obtained: Click here to enter text. |
| True | N/A | I assure that all animal tissues/products derived from wild species post-mortem are collected in compliance with federal, state and local regulations and that I possess the permits (FWS, CITES, USDA, etc.) required for collection (item 7). |
| **\*\*\* NOTE: This form does not grant approval for the use of radioisotopes, regulated bioagents, recombinant DNA/RNA, and/or any other special hazards. See Section B for a list of common special hazards. Contact the Environmental Regulatory Compliance Office, Institutional Biosafety Committee for assistance.** | | |

|  |  |  |
| --- | --- | --- |
|  |  | *Required before Department Chair Signature* |
| **Signature of Animal Compliance Officer** | **Date** |  |
|  |  |  |
| **Signature of Principal Investigator** | **Date** |  |
|  |  |  |
| **Signature of Department Chair** | **Date** |  |

**Section B.**

**SPECIAL HAZARDS**

Should the project involve the use of any of the following special hazards, approval is required from FIT’s Environmental Regulatory and Compliance Office and must be received prior to the project implementation.

* Acute toxins
* Animal carcasses
* Blood, blood products, or human tissue
* Chemical agents
* Controlled substances / drugs
* Hazardous chemicals: toxic, reactive, corrosive, explosive, carcinogenic
* Hazardous waste (this may or may not be generated from the above chemicals)
* Human or animal pathogens
* Materials of animal origin
* Medical or biological waste (this may or may not be generated from the above materials)
* Non-ionizing radiation (laser, microwave, UV or other)
* Pathogenic microorganism: Human or Animal
* Radiation producing machines
* Radioactive material – please list isotope:
* Radioactive waste (this may or may not be generated from above isotopes)
* Recombinant DNA/RNA
* Regulated bioagents
* Tax-free alcohol
* Other (must describe in the form)

# Contact the FIT Environmental Regulatory and Compliance Office at: <http://www.fit.edu/erc/>

[hazwaste@fit.edu](mailto:hazwaste@fit.edu)