

Vertebrate Sample Use Protocol Application

This form is for research, teaching, testing, or experimentation involving no contact with any living vertebrates. The IACUC encourages anyone working with cephalopods to also fill out the form or include in a protocol form. **Please fill out this form completely—enter NA where not applicable—and send as a Word document to iacuc@ucsc.edu.** To select a checkbox, double click on the checkbox and set the default value to "Checked." Questions and feedback regarding this form should be directed to iacuc@ucsc.edu.

A. ADMINISTRATIVE DATA

Submission date: MM/DD/YYYY		
Protocol title: Enter project title here		
Principal investigator: Enter name here		
Department: Enter department here		
Phone: (XXX) XXX-XXXX	Email: Enter email here	Mail stop: Enter mail stop here
Co-respondent(s) on protocol communications: Enter name(s), email address(es) here		

1. Provide the course name and number if this is a class activity.

[Enter text here](#)

2. If this animal use protocol is externally funded, specify the funding source and Cayuse proposal number assigned by the Office of Sponsored Projects. For PHS and NSF projects specifically, please ensure before submitting this IACUC application that the scope of work, species, numbers, agents and methods for them, procedures, and euthanasia methods are [congruent between the grant and application](#). Note that in general, grant proposal descriptions will be broad and IACUC protocols more specific. Add or delete rows as needed.

Funding Source	Cayuse <u>proposal</u> number (not the project number)	Comment
Funding source	Cayuse proposal number	
Funding source	Cayuse proposal number	
Funding source	Cayuse proposal number	

3. List the names of all individuals authorized to conduct procedures involving animal contact under this proposal and provide their institutional affiliation, role, email, and phone number. Add or delete rows as needed. Named individuals must complete the "Group A: For Non-Contact Research Only" [CITI IACUC online training course](#). Once your protocol is approved, any additional key personnel must be added by amendment (see [UCSC IACUC Forms webpage](#) for updated Protocol Amendment Form) **prior** to direct participation in the proposed activities.

Name	Institutional Affiliation	Protocol Study Role	Email address	Phone	completed? <i>enter date below</i>		Non-affiliated personnel affirmation*
					CITI training	OHSS (safety)	
Name	UCSC or specify	Role	Email address	###-###-####	☐ date	☐ date	☐
Name	UCSC or specify	Role	Email address	###-###-####	☐ date	☐ date	☐
Name	UCSC or specify	Role	Email address	###-###-####	☐ date	☐ date	☐

*PI affirms by checking this box that any non-affiliated individual has completed animal care and use training and occupational health and safety assessment at the individual's home institution.

4. In the event of an animal emergency, please provide the emergency contact information for how the PI and co-respondent(s) can be reached:

[Enter text here](#)

B. STUDY OBJECTIVES

1. What is the purpose of this activity? (To select a checkbox, double click on the checkbox and set the default value to "Checked." You may select more than one.)
- ☐ Grant/Contract ☐ Research ☐ Pilot Study ☐ Student Project ☐ Teaching ☐ Public Display
☐ Other:
2. Briefly explain the aim of the study or activity, and, if appropriate, why the study is important to human or animal health, the advancement of knowledge, or the good of society. Use language and words which a layperson (non-medical, non-scientific) would understand.

[Enter text here](#)

C. COLLECTION OF VERTEBRATE SAMPLES

1. List any samples to be collected during the study, including common and scientific names of species, sample types. If permit(s) are required, please provide details in Section D. Add rows as necessary.

Sample Type	Common name	Genus and species	Number
Type	Common name	Genus and species	Number
Type	Common name	Genus and species	Number
Type	Common name	Genus and species	Number

2. Describe why the samples or specimens are needed, how these materials are to be collected and from where, or indicate whether and how they will be received from others for use in this activity.

[Enter text here](#)

3. Explain why it is necessary to use vertebrate samples rather than non-animal or non-vertebrate alternatives, why you have chosen the particular species, and why you have chosen the number of species. More information about [animal numbers on IACUC web page](#).

[Enter text here](#)

4. Researchers working on unfixed tissues of primates and wild animals may be exposed to pathogens such as Hantavirus, hepatitis-B, and herpes virus Simiae. Please indicate below whether your work involves specimens that may carry pathogens, or if you are working with specimens with little or no medical history. If so, contact biosafety@ucsc.edu.

☐ N/A ☐ Handling of Potentially Hazardous Biological Material ☐ Contacted biosafety@ucsc.edu

D. RESEARCH AUTHORIZATIONS

1. Is another IACUC involved in this activity? If so, provide an explanation, approved protocol number, date of approval, and contact information for the IACUC.

[Enter text here](#)

2. Indicate if federal, state, and/or local permits are required and whether they have been obtained or applied for. Provide the agency, number, and expiration date for each authorization. Be advised that while IACUC approval may be granted prior to permit acquisition, no animal use activities can occur

without both IACUC and required agency authorizations. The IACUC may request copies of these authorizations at any time. Add additional rows if needed.

Agency	Permit number or ID	Expiration	Application status/comment
Agency	Permit Number	Date	Status

If the permit period does not cover the entire protocol period, confirm that research will not continue without renewal of necessary authorizations.

[Confirm or state N/A](#)

E. HEALTH AND SAFETY CONSIDERATIONS

- The use of hazardous substances, equipment, or procedures may require special approval from UCSC Environmental Health & Safety, Institutional Biosafety Committee, and/or the Radiation Safety Committee. Indicate whether you are using any of the following substances in your research. If so, identify the substance(s) and provide status of your usage permissions. Relevant links are provided in the table below. (To select a checkbox, double click on the checkbox and set the default value to "Checked.")

Substance	Contact	Agent(s)	Authorization Status
☐ None	--	--	--
☐ Biological Agents	IBC	Agent(s)	None, Pending, or Approved
☐ Recombinant DNA	IBC	Agent(s)	None, Pending, or Approved
☐ Hazardous Chemicals	EH&S	Agent(s)	None, Pending, or Approved
☐ Controlled Drugs	EH&S	Agent(s)	None, Pending, or Approved
☐ Radionuclides	RSC	Agent(s)	None, Pending, or Approved

- Identify the facility or location where research will be performed.
[Enter text here](#)
- Describe the practices and procedures required for the safe handling and disposal of animal tissues and material associated with this study. Also describe methods for removal of radioactive or hazardous waste.
[Enter text here](#)
- Indicate any potentially hazardous equipment, procedures, or operations (e.g., firearms, power tools, rock climbing, scientific diving, work in confined spaces, etc.) and what measures will be taken to control or mitigate hazards.
[Enter text here](#)
- Field Safety Plans (FSP) are required for fieldwork (off-campus outdoor research, teaching, or learning activity) or any activity to take place outside of the United States. If these activities are anticipated, indicate below and contact EH&S at fieldsafety@ucsc.edu or see ehs.ucsc.edu/programs/research-safety/field-research.

☐ N/A ☐ Fieldwork ☐ International Travel ☐ Contacted EH&S Advisor ☐ Completed FSP

F. PRINCIPAL INVESTIGATOR CERTIFICATIONS

- ☐ I certify that I have completed the CITI IACUC online training course required by the IACUC.
- ☐ I certify that I am aware that all individuals listed in Section A are required to complete "Group A: For Non-Contact Research Only" of the CITI IACUC online training course or an equivalent animal care and use training, and have received training appropriate to their role, including the collection or handling of samples to be obtained.
- ☐ I certify that I will obtain approval from the IACUC before initiating any significant changes in this study.

UC Santa Cruz Institutional Animal Care and Use Committee (UCSC IACUC)

Phone: (831) 459-3150 | Email: iacuc@ucsc.edu

Address: 1156 High Street, Mailstop: Office of Research, Santa Cruz, CA 95064

Proposal Code:ADMIN USE ONLY

Approval Date:ADMIN USE ONLY

Expiration Date:ADMIN USE ONLY

- ☐ I certify that I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies.

PROTOCOL SUBMITTED BY THE PRINCIPAL INVESTIGATOR

Signature of principal investigator:

Date:

IACUC FINAL APPROVAL

Certification of review and approval by the UC Santa Cruz Institutional Animal Care and Use Committee:

Approval signature:

Date: