

**IACUC Use Only – Leave Blank**

Protocol #:

Approval Date:

Expiration Date:

Species:

Category:

**ANIMAL STUDY PROPOSAL – OBSERVATION ONLY**

**Instructions:** Click on highlighted boxes to enter text. Save this file to your computer. After completing and signing this form, send it as an email attachment to iacuc@montclair.edu.

1. **ADMINISTRATIVE DATA**

[ ]  **Initial Submission** [ ]  **Modification** [ ]  **Initial Pilot Submission**

|  |  |
| --- | --- |
| Principal Investigator Name: |          |
| Project Title |          |
| PI Role: |          |
| College/School: |          |
| Department: |          |
| Mailing Address: |          |
| City: |          |
| State: |          |
| Phone: |          |
| Email: |          |

**Personnel (Note: if this is a protocol for a class group learning project, this can be explained in the PI role box and there is no need to list individual students)**

|  |  |
| --- | --- |
| Name and Degrees/Certifications: |          |
| Office Phone: |          |
| Mobile Phone: |          |
| Email: |          |
| Study Role(s) | [ ]  Principal Investigator[ ]  Key Personnel[ ]  Collaborator[ ]  Student Researcher         |
| Type of involvement in the study | [ ]  Observation |
| Completed training as required by site or Principal Investigator? |          |
| Is this personnel a student? | [ ]  Yes[ ]  No |
| Date of Clearance (if required by site) (MM/DD/YY): |           |

|  |  |
| --- | --- |
| Name and Degrees/Certifications: |          |
| Office Phone: |          |
| Mobile Phone: |          |
| Email: |          |
| Study Role(s) | [ ]  Principal Investigator[ ]  Key Personnel[ ]  Collaborator[ ]  Student Researcher        |
| Type of involvement in the study | [ ]  Observation |
| Completed training as required by site or Principal Investigator? |          |
| Is this personnel a student? | [ ]  Yes[ ]  No |
| Date of Clearance (if required by site) (MM/DD/YY): |           |

|  |  |
| --- | --- |
| Name and Degrees/Certifications: |          |
| Office Phone: |          |
| Mobile Phone: |          |
| Email: |           |
| Study Role(s) | [ ]  Principal Investigator[ ]  Key Personnel[ ]  Collaborator[ ]  Student Researcher        |
| Type of involvement in the study | [ ]  Observation |
| Completed training as required by site or Principal Investigator? |          |
| Is this personnel a student? | [ ]  Yes[ ]  No |
| Date of Clearance (if required by site) (MM/DD/YY): |           |

**Are you adding additional personnel?** [ ]  **Yes** [ ]  **No**

**If yes, please add them in Appendix A: Multiple Personnel.**

**B. SITE APPROVAL/AGREEMENT**

**Do you have a site approval letter?** [ ]  **Yes** [ ]  **No**

If yes, include the site approval letter with this protocol submission.

If there is any additional information, please add it here:

Note: If there is an agreement letter, the IACUC encourages taking this to Legal or the Dean’s office for consultation.

**C. FUNDING**

Is this animal research funded or pending funding? [ ]  **Yes** [ ]  **No**

**If yes, please attach funding narrative associated with this research and complete the table below.**

**Note: If additional rows are required in the table, please consolidate the text into the existing rows.**

|  |  |  |
| --- | --- | --- |
| **Proposal Award Title** | **Funding Agency** | **Award/Contract/Grant Number** |
|            |            |            |
|            |            |            |
|            |            |            |

**D. STUDY OBJECTIVES**

In **lay language for a non-scientist**, briefly summarize the overall intent/objectives of the study and why the study is important to human or animal health, the advancement of knowledge, or the good of society.

**E. ANIMALS**

|  |
| --- |
| Describe animals to be observed:        |

**F. PERMITS**

If applicable have appropriate permits been obtained?

[ ]  **Yes** [ ]  **No**

**G. PRINCIPAL INVESTIGATOR ASSURANCES**

1. I certify that I will obtain approval from the IACUC before initiating any significant changes in this study.
2. I certify that I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC.
3. I certify that I am familiar with and will comply with all pertinent institutional, state and federal rules and policies.
4. I certify that I will provide members of the IACUC access to all animals and any documentations/records upon request.

**Date:**

**PI Signature:**

**APPENDIX A: Multiple Personnel**

|  |  |
| --- | --- |
| Name and Degrees/Certifications: |            |
| Office Phone: |            |
| Mobile Phone: |            |
| Email: |            |
| Study Role(s) | [ ]  Principal Investigator[ ]  Key Associate[ ]  Collaborator[ ]  Student Researcher         |
| Type of involvement in the study | [ ]  Observation |
| Completed training as required by site or Principal Investigator? |          |
| Is this personnel a student? | [ ]  Yes[ ]  No |
| Date of Clearance (if required by site) (MM/DD/YY): |           |

|  |  |
| --- | --- |
| Name and Degrees/Certifications: |            |
| Office Phone: |            |
| Mobile Phone: |            |
| Email: |            |
| Study Role(s) | [ ]  Principal Investigator[ ]  Key Associate[ ]  Collaborator[ ]  Student Researcher       |
| Type of involvement in the study | [ ]  Observation |
| Completed training as required by site or Principal Investigator? |          |
| Is this personnel a student? | [ ]  Yes[ ]  No |
| Date of Clearance (if required by site) (MM/DD/YY): |           |

|  |  |
| --- | --- |
| Name and Degrees/Certifications: |            |
| Office Phone: |            |
| Mobile Phone: |            |
| Email: |            |
| Study Role(s) | [ ]  Principal Investigator[ ]  Key Associate[ ]  Collaborator[ ]  Student Researcher       |
| Type of involvement in the study | [ ]  Observation |
| Completed training as required by site or Principal Investigator? |          |
| Is this personnel a student? | [ ]  Yes[ ]  No |
| Date of Clearance (if required by site) (MM/DD/YY): |           |