**Institutional Animal Care and Use Committee**

**SUNY Upstate Medical University**

**Use of Animal Tissues/Products Form**

**INSTRUCTIONS:** Please complete all shaded areas of form – boxes will expand as you type.

 Email completed form to the IACUC office. Do not submit a hard copy.

Questions? Contact the IACUC office or call 315-464-4292.

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator |  | Date |  |
|  |
| Department |  | BLDG / RM |  |
|  |
| Work Phone |  | Cell Phone |  |
|  |
| Email |  |
|  |
| Project title |  |
|  |
| Estimated period that product(s) will be used from: |  | to: |  |
|  |
| Species: |  |
|  |
| Describe what animal tissues/products will be obtained: |  |
|  |
| Describe how these tissues/product(s) will be used: |  |
|  |  |

|  |
| --- |
| **Source of Animal Tissues/Products – MARK (X) ALL THAT APPLY and list contact information for each source [reference SUNY IACUC# or name & address of outside source(s)]:**  |
|  | Materials from research animals at SUNY Upstate Medical University |
|  | Source:  |  |
|   |  |
|  | Materials from animals on research projects at other institutions. |
|  | Source:  |  |
|  |  |
|  | Materials from other sources (please explain): |
|  | Source: |  |