**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](mailto:iacuc@upstate.edu?subject=Use%20of%20Animal%20Tissues/Products%20Form). Do not submit a hard copy.

Questions? Contact the [IACUC office](mailto:iacuc@upstate.edu) 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: |  |