**Application for Exemption**

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| **I. General Information** |
| **Title:** |
| **Protocol Type:**   Research  Instruction |
| **Project Period:** (cannot exceed 3 years) Start Date: Click here to enter a date.  End Date: Click here to enter a date. |

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| **II. Administrative Information1** | |
| **Principal Investigator / Course Director** | |
| **Name:** | **Phone:** |
| **Department:** | **Email:** |
| **Co-Principal Investigator/ Course Director** | |
| **Name:** | **Phone:** |
| **Department:** | **Email:** |

1 These individuals must be a faculty members at Southeast.

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| **III. Certifications and Assurances** |
| By signing this form, I certify that the information provided in this application is an accurate description of the proposed use of animals.  **Submission of this form by the PI in the form of electronic mail is taken as evidence of this Assurance. Please type your name(s) and the date below.**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator or Course Director Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co-Principal Investigator / Course Director Signature Date |

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| **IV. Check all that apply to your project (List continues on the next page)** |
| Not using animals in research. Checked the incorrect box on the transmittal form. |
| Project involves retrieval of data from paper or electronic records. |
| Projects that have current IACUC approval at another institution. Provide 1) The name of the institution and 2) the email and phone number of the IACUC office and 3) The title of the project and the IACUC protocol number/code from that institution as part of the description in Part V below. |
| Work with live animals has been completed, however funding is being extended. |
| “Umbrella” projects, when funding is approved yet specific experimental designs are not known at this time, with the understanding that an animal use form will be submitted and must be reviewed and approved by the IACUC prior to any animal use. |
| This project is a subcontract from another institution / or this project will have subcontracts with another institution. In Part V, include the name of the institution, principle investigator, and protocol number. |
| Project where animals/wild vertebrates are observed undisturbed in their natural habitat. |
| Projects where domesticated vertebrates are only observed and kept under generally accepted agricultural management practices. |
| Project that uses vertebrate non-mammalian embryos that are less than the half-way point of the incubation period. |
| Blood donor animals not involved in teaching, research or outreach activities. |
| When blood is being drawn as part of an approved SOP, IACUC Proposal or standard veterinary practice, an additional amount CAN BE taken that will not compromise the animal’s health. Provide SOP and IACUC protocol number as part of the description in Part V. Provide information on the reason for the blood sample and specify the amount per animal. For guidelines on safe volumes of blood draws, see <http://www.ahc.umn.edu/rar/blood.html> |
| Custom Antibody Production (For PHS Funding only) by an external organization. Provide the name of the Custom Antibody House and their NIH Assurance number as part of the description in Part V. See <https://olaw.nih.gov/guidance/faqs> |
| Research involves tissues or fluids that are:  Left over from IACUC approved projects at SEMO/other research institutions.  Left over from diagnostic tests performed by private practitioners or diagnostic laboratories.  Harvested from a vertebrate after it is dead. (**Note:** if vertebrate euthanasia occurs in order to  supply tissue/fluid for this project, a full proposal is required)  Collected using non-invasive techniques (e.g., saliva, free flow urine or feces). Provide details of  collection techniques in Part V.  Coming from an established cell line. |

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| **V. Project Description** |
| **Briefly describe the project, in language understandable to a layperson. The IACUC Committee must determine this project qualifies for the exemptions listed above before the work can be started.** |