# Indiana University School of Medicine Institutional Animal Care and Use Committee (IACUC) Animal Protocol Review Form

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| **For IACUC Office Use Only** |
| Protocol Number:  |  | Approval Date: |  |

## Section AGeneral Information

**THIS FORM MUST BE SUBMITTED AS A WORD FILE VIA EMAIL TO:** **somiacuc@iupui.edu**

Approval is renewable annually for up to an additional two years.

Continuation of the approved animal usage beyond three years requires completion of a new application form and complete IACUC review.

## Principal Investigator and General Protocol Information

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| **Principal Investigator:**  |  | Degree(s): |  |
| Campus Address: |  | Department |  |
| Campus Phone: |  | IU e-mail address |  |

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| **Current Funding**This section is required because the Institution/IACUC must implement a process for ensuring what sponsored programs support is consistent with the approved activities involving animals. |
| **Funding Source(s)** | **Grant Title(s)** | **Name of PI(s) on Grant** |
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| **Note:** If funded by VA, you must complete the [Animal Component of the Research Protocol Form](http://www.research.va.gov/programs/animal_research/) instead of this form. |

## Intent of Custom Made Antibody

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| The indent of this document is to allow purchase of custom-made antibody. Approval will not authorize any other use of the animals in research. Read the statements below and mark the appropriate box.  |
|  | I understand that approval of this request to purchase a custom made antibody does not authorize other uses of animals in research at Indiana University – Purdue University. Any other use will require approval of an animal use protocol. |
|  | I do not have an IACUC protocol number because other than using of antibodies my research does not involve animals |
|  | I use animals in my research beyond the use of custom made antibodies and my protocol number is: |  |

|  |  |
| --- | --- |
| In what species will the antibodies be produced? |  |

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| --- | --- | --- | --- | --- |
| Will antibodies be obtained from an IACUC approved Vendor?  |  | Yes |  |  |
| Name of company supplying the custom antibody |  |
| Mailing Address |  |
| OLAW Assurance # |  |
| USDA Registration # |  |