This form is to be completed and submitted to the Animal Welfare Program at [ORCR-IACUC@email.arizona.edu](mailto:ORCR-IACUC@email.arizona.edu) for University activities involving the use of animals to determine whether or not the activity requires that an IACUC protocol application be submitted for review and approval prior to initiating the activity.

|  |  |
| --- | --- |
| **Contact Information** | |
| **Project/Study Title:** |  |
| **Principal Investigator Name:** |  |
| **Contact Information (Email and Phone Number):** |  |
| **Principal Investigator’s College/Department/Unit:** |  |

|  |  |
| --- | --- |
| **Funding Information** | |
| **No Funding** | |
| **Federal Funding**, including flow-through federal funding (i.e., NIH, NSF, DoD, VA, etc.) | Name of funding source: |
| Institutional Proposal or Award Number: |
| **Industry Funding** | Name of funding source: |
| Institutional Proposal or Award Number: |
| **Foundation Funding** | Name of funding source: |
| Institutional Proposal or Award Number: |
| **Department Funding** | Name of funding source: |
| **Gift Funding** | Name of funding source: |
| **Other** | Name of funding source: |
| **Description of Project or Study** | |
| Include rationale for the activity, species of animal involved, number of animals involved, and what will be done in detail to the animals. | |
|  | |

|  |  |
| --- | --- |
| **Animal Use** | |
| Will live animals be purchased from a vendor/breeder/commercial source?  **YES**  **NO** | |
| Are the animals privately owned?  **YES**  **NO** | Are the animals owned by the University of Arizona?  **YES**  **NO** |
| Will the animal be used for any purpose in University of Arizona taught courses?  **YES**  **NO** | |
| Will any procedures be conducted on live animals prior to euthanasia?  **YES**  **NO** | |

**AWP/IACUC USE ONLY**

The activities as described **DO NOT** require submission of an IACUC protocol.

The activities as described **DO** require submission of an IACUC protocol.

IACUC approval must be obtained before the project may begin.

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of IACUC/AWP Designee

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Print Name of IACUC/AWP Designee