*IACUC Use Only*

Received Date: Click or tap to enter a date.

Decision: [ ]  Approve

 [ ]  Approve with modification

 [ ]  Deny

Start date: Click or tap to enter a date.

Expiration date: Click or tap to enter a date.

Approval Number: Click or tap here to enter text.

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Received: Click or tap here to enter text.

Start date: Click or tap to enter a date.

Expiration date: Click or tap to enter a date.

Approval Number: Click or tap here to enter text.

***Lake Superior State University***

***Institutional Animal Care and Use Committee***

**Abbreviated Animal Use Proposal (AAUP)**

 **for Use of Fertilized Eggs or Invertebrate Species**

Return the completed form and any necessary permits to the IACUC: iacuc@lssu.edu

**PLEASE SINGLE CLICK ON** **FILLABLE FIELDS TO TYPE *and* select the appropriate response for check boxes *or* drop down questions.**

**AAUP for Care & Use of Vertebrate Fertilized Eggs** [ ]  **AAUP for Care & Use of Invertebrates** [ ]

1. **Principal Investigator (Faculty Member):** Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail:Click or tap here to enter text.

1. **Co-Investigator/Student Investigator:** Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail:Click or tap here to enter text.

1. **Title of project:** Click or tap here to enter text.

[ ]  **Classroom/Instructional**

[ ]  **Research Project**

[ ]  **Field Study**

[ ]  **Animal Housing/Exhibition**

4. **Genus, Species, and Common name:** Click or tap here to enter text. **(attach list if multiple species)**

Source of live animals: Click or tap here to enter text. Overall number of animals to be used: Click or tap here to enter text.

***For Care or Use of Invertebrate Species*, check all that pertain to IACUC policy requirements:**

[ ] Holding of cephalopods for > 12 hours

[ ] Species are listed as endangered, threatened, or of special concern at the Federal or local levels

[ ] Species are considered poisonous, venomous, or a threat to human or public health

[ ] Non-native species that requires permission from the State or local authority to possess or handle

***For Vertebrate Eggs***, what term in gestation will embryos be acquired and terminated? Choose an item. to Choose an item.

1. **Brief description of project (**150 words or less**):** Click or tap here to enter text.

If housing animals, identify the facility and room location and describe husbandry equipment, procedures, and schedule:Click or tap here to enter text.

List all personnel working with animals (include their affiliation, role in the project, relevant experience, and required training in animal care and use):Click or tap here to enter text.

Describe all procedures and manipulations involving live animals, including method of euthanasia:Click or tap here to enter text.

1. **Will hazardous substances or materials be used in this study?** [ ] No [ ] Yes (attach SDS)

If yes, explain (including use of any personal protective equipment to be used):Click or tap here to enter text.

How will the specimens be disposed of?Click or tap here to enter text.

1. **Requested IACUC Approval Period (**3 years, max**):** Click or tap to enter a date. **to** Click or tap to enter a date.

**I certify that all of the above information is complete and accurate, and hereby assure the IACUC that any modifications hereto will be submitted for approval before any change is instituted.**

PI Name: Click or tap here to enter text. Date: Click or tap to enter a date.