**Institutional Animal Care and Use Committee (IACUC)**

**Application for Animal Housing/Husbandry not Related to Research**

Submit this form with any applicable supplemental forms to eiuiacuc@eiu.edu.

|  |
| --- |
| **Principal Investigator/Responsible Party (Note: PI must be a faculty member)** |
| Name: |  | e-mail:  |  |
| Department: |  | Phone:  |  |
| Contact Phone Number in the Event of a Disaster: |  |
| Required Training (Include copies of both certifications with this form): |
| On-line training program – CITI Program: [ ]  Completed [ ]  Not Completed Health and Safety for Animal Researchers: [ ]  Completed [ ]  Not Completed  |
| PI Duties / Responsibilities: |
|  |
| Qualifications/Training related to duties: |
|  |
|  **Project Information** |
| Title of Project/Course | Project Type: |
|  | [ ]  Instruction [ ]  Display |
| Estimated Start Date: |  | Estimated Completion Date: |  |

|  |
| --- |
| **Funding Source Information (*Complete only if applicable*)** |
| Funding Source:  |  | EIU Account #: |  |
| Budget Period: | From:  | To:  |
| **Location**   |
| Building in which animals will be housed: |
|  |
| Room (or area where animals will be housed - describe in detail): |
|  |
| If animals are to be used for instruction, will they be housed in a location separate from the classroom? |
| [ ]  No[ ]  Yes - describe instruction location:  |
| Briefly describe the living conditions for the animal(s). Include enclosure type, a description of any items that will be in the enclosure, supplemental environmental equipment (such as heat and lighting), and how many animals will live in the enclosure, if applicable.  |
|  |
| Provide a list of what the animal(s) will be fed and how they will access water.  |
|  |

|  |
| --- |
| **Animal Care Personnel** |
| **List any additional personnel on the** [**Animal Personnel Supplemental Form**](https://www.eiu.edu/grants/files_iacuc/Animal%20Personnel%20Supplemental%20Form.docx) |

**SPECIES LIST**

List all species which will be used in this protocol. Use [Housing/Husbandry Supplemental Form: Species List](https://www.eiu.edu/grants/files_iacuc/Housing%20Husbandry%20Supplemental%20Form%20Species%20List.docx) form as needed. A [Care Sheet](https://www.eiu.edu/grants/files_iacuc/Animal%20Care%20Sheet.docx) must be provided for each species listed in this table.

**Eastern Illinois University IACUC reserves the right to deny or revoke housing for privately owned animals for any reason.**

|  |  |
| --- | --- |
| **Common Name:**  | ***Scientific Name:***  |
| Quantity | Person responsible for non-medical care of animals/Primary Caretaker | Emergency Phone: |
|  |  |  |
| Animal(s) Estimated Arrival Date: |  | End Date (if known): |  |
| If person responsible for non-medical care of animals is not the PI: |
| Primary Caretaker e-mail: |  | Phone: |  |
| Primary Caretaker Signature: |  | Date: |  |
| Is animal(s) privately owned / maintained? | Source of Animals (if not privately owned) |
| [ ]  No [ ]  Yes |  |
| Will animal(s) require on campus care during semester breaks from someone other than the PI? |
| [ ]  No [ ]  Yes (indicate caretaker):  |
| Semester Break Caretaker Phone: |  | Emergency Phone: |  |
| Break Caretaker Signature: |  | Date: |  |

**OBJECTIVES AND JUSTIFICATION**

|  |
| --- |
| Briefly explain, in language understandable to a layperson, the purpose for housing the animal(s) on campus, including any benefit to the animal(s), humans, or society.  |
|  |
| Justify the appropriateness of the species selected, as well as the number of animals to be used. |
|  |
| Briefly describe any circumstances foreseen in which the animal(s) may experience pain, distress, or discomfort and describe steps taken to minimize this discomfort. |
|  |

**SUPPLEMENTAL FORMS CHECKLIST:**

Complete and attach the following forms as applicable:

[ ]  [Animal Personnel Supplemental Form](https://www.eiu.edu/grants/files_iacuc/Animal%20Personnel%20Supplemental%20Form.docx)

[ ]  [Animal Care Sheet](https://www.eiu.edu/grants/files_iacuc/Animal%20Care%20Sheet.docx) for **each** species listed

[ ]  [Housing/Husbandry Supplemental Form: Species List](https://www.eiu.edu/grants/files_iacuc/Housing%20Husbandry%20Supplemental%20Form%20Species%20List.docx), if necessary

**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

[ ]  All activities are designed to assure that pain/distress/discomfort of animals is minimized

[ ]  Medical care will be available when necessary, and provided by a qualified veterinarian

[ ]  All personnel authorized to conduct animal procedures under this protocol will be appropriately trained and qualified, and that I am responsible for the supervision, training, and work of said personnel

[ ]  I will obtain IACUC approval before initiating any changes to this protocol by submitting the [Animal Housing/Husbandry Protocol Modification Request](https://www.eiu.edu/grants/Proposed%20Animal%20Housing%20Protocol%20Modification%20Request.docx) form.

[ ]  I will notify the IACUC of any changes to the species list including changes in caretakers, addition or removal of species, or significant change in quantity of any species listed by submitting the [Housing/Husbandry Modification to Species Form](https://www.eiu.edu/grants/Proposed%20Housing%20Husbandry%20Modification%20to%20Species%20Form.docx)

[ ]  I will notify the IACUC regarding any unexpected impact to the animals, and any unanticipated pain or distress, morbidity or mortality will be immediately reported to the IACUC and will submit the [IACUC Incident Report](https://www.eiu.edu/grants/Proposed%20IACUC%20Incident%20Report.docx) form

[ ]  I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies for the ethical use and treatment of animals used in research and teaching

**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 / Responsible Party Signature | Date |
| *For IACUC Use Only:*  | Date Received: |  | Protocol Number: |  |