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| **Michigan State University**  **IACUC PROTOCOL EXEMPTION FORM**  **THIS FORM MUST BE SUBMITTED AS A WORD FILE VIA EMAIL TO:** [**iacuc@msu.edu**](mailto:iacuc@msu.edu) | | | | |
| Faculty Member: | | | Primary College: | |
| Department: | | | Campus Phone: | |
| Campus Address: | | | Fax Number: | |
| Email Address: | | | Species: | |
| Title of Project: | | | Funded by: | |
|  | This project is a subcontract from another institution / or this project will have subcontracts with another institution. In the description below, include the name of the institution, principle investigator, and protocol number. | | | |
|  | Not using animals in research. Checked the incorrect box on the Proposal form. | | | |
|  | Activities where the primary purpose is wildlife rehabilitation in which the aim is to return the animals to the wild. | | | |
|  | Activities that are standard veterinary care. | | | |
|  | Blood donor animals not involved in teaching, research or outreach activities. | | | |
|  | “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. | | | |
|  | Projects where domesticated vertebrates are only observed and kept under generally accepted agricultural management practices. | | | |
|  | Teaching demonstrations of privately owned animals with no student – animal contact during the demonstration. | | | |
|  | Project where animals/wild vertebrates are observed undisturbed in their natural habitat. | | | |
|  | Research / teaching involves tissues or fluids that are: | | | |
| [ ] left over from IACUC approved projects at MSU/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 protocol is required) | | | |
| [ ] collected using non-invasive techniques (e.g., saliva, free flow urine or feces). Provide details of collection techniques below. | | | |
| [ ] coming from an established cell line. | | | |
|  | Project involves retrieval of data from paper or electronic records. | | | |
|  | When blood is being drawn as part of an approved SOP, protocol or standard veterinary practice, an additional amount CAN BE taken that will not compromise the animal’s health. Provide SOP and protocol # below. 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> | | | |
|  | Project that uses vertebrate non-mammalian embryos that are less than the half-way point of the incubation period. | | | |
|  | Projects that have current IACUC approval at another institution. Provide Institution and email/phone number of the IACUC office below. | | | |
|  | Grant for salary purposes only. Provide PI and protocol # that you are listed on and certify that all the experiments you are doing are covered in this protocol. | | | |
|  | Custom Antibody Production (For PHS Funding only). Provide the name of the Custom Antibody House and their NIH Assurance number.  See IG030: Antibody Production for PHS Funded Research (<http://animalcare.msu.edu/guides>) | | | |
|  | Use of cephalopods in research | | | |
|  | Work with live animals has been completed, however funding is being extended. | | | |
| BRIEF DESCRIPTION OF THE PROJECT (to be evaluated by the IACUC to determine whether it qualifies for the exemption listed above): | | | | |
| Date Received: | | Date Approved: | | Expiration Date (3 years from approved date): |

February 2019