

Proposal Number Date Received Date Reviewed Review Status	APPLICATION FOR USE OF ANIMALS IN TEACHING OR RESEARCH
Note: Applications must be rece they are to be reviewed.	ived two weeks prior to the regularly scheduled meeting at which
I. IDENTIFICATION	
Principal Investigator	Telephone
Other Research Affiliates	
Department/Unit	Campus Address
II. PROJECT	
Title	Project Period
Project Objectives	

	<u>Species</u>	Number	Source	
Animals to be				
Used				

1 		
1 1 1		
I and the second se		
I I		
1 1 1 1		
III. ANIMAL CARE		
Housing Location of the Animals:		
Housing Location of the Animals:	Room	
Housing Location of the Animals: Hall/Facility		
Housing Location of the Animals: Hall/Facility Hall/Facility	Room	
Housing Location of the Animals: Hall/Facility Hall/Facility	Room	
Housing Location of the Animals: Hall/Facility Hall/Facility Hall/Facility	Room Room	
Housing Location of the Animals: Hall/Facility Hall/Facility Hall/Facility 1. Personnel: Who will provide basic	Room Room Room care for the animals used, and what are the	
Hall/FacilityHall/Facility	Room Room	

Address		Telephone
gical or otherwise) proc	edures will be us	sed?
used to minimize anim	al pain or discon	nfort?
Name	Dosage	Other Information
a are to be used in the p se procedures and docu essary details related to	project, please promentation of those the surgery that I	ovide qualifications for se qualifications. Also have not been included
_		-
	used to minimize anim Name a are to be used in the pse procedures and docusessary details related to this point. Please attace	gical or otherwise) procedures will be us

6.	Will animals be euthanized? If yes, please give details regarding methods, personnel to perform the procedures, veterinarian oversight, disposal of the carcass, etc.	
7.	Please identify potential hazards or risks associated with the handling of your study organism(s). Describe appropriate strategies to minimize or manage risks as well as plan for what the researcher(s) will do in the event an injury results from the handling of the sorganism(s).	
	ASSURANCE OF COMPLIANCE BY PRINCIPAL INVESTIGATOR OR ACTIVITY DIRECTOR	
"Pol "Gu	, agree to conduct this project or activity in pliance with appropriate provisions of the Animal Welfare Act, the Public Health Service's cy on Humane Care and Use of Laboratory Animals," and the Public Health Service's de for the Care and Use of Laboratory Animals," as expressed in the Assurance of pliance of Tennessee Technological University.	's
Sign	ature Date	