## **VERTEBRATE ANIMAL FORM (5)**

Required for all research involving vertebrate animals that is conducted at a regulated research site. Local IACUC APPROVAL REQUIRED PRIOR EXPERIMENTATION.

| Project title:   |
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| Student(s)'s name(s):  |
| Approved Project Title and Protocol Number of the local $\underline{\textbf{I}}$ nstitutional $\underline{\textbf{A}}$ nimal $\underline{\textbf{C}}$ are and $\underline{\textbf{U}}$ se $\underline{\textbf{C}}$ ommittee (IACUC): |
| To be completed by the Qualified Scientist:  |
| 1) Was this a student-generated idea or was it a subset of your (Qualified Scientist) work?  |
| 2) Were you aware of MOSTRATEC Research Rules before the student started experimentation? ( ) Yes ( ) No   |
| 3) What laboratory training was provided to the student? Include dates.  |
| 4) Species of animals used: Number of animals used:  |
| <b>5)</b> Describe housing and care to be given to the animals. Include cage size, number of animals per space, cleaning conditions, type and frequency of food and water, frequency of animal observation, etc.                     |
| 6) Pain Level designated for this study: (For more information see MOSTRATEC Research Rules)   |
| 7) What will happen to the animals after the experiment?   |
| 8) Describe detailing the role of the student(s) in this project: procedures and equipment used, safety precautions employed. (Attach extra pages if necessary.)   |
| 9) Type of study: ( ) Observation ( ) Behavioral ( ) Nutritional ( ) Other   |
| <b>10) Attach a copy of the Regulated Research Institution of the local IACUC Approval.</b> Form 2 – Qualified Scientist – also required.  |
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| Signature:Qualified Scientist's printed name: Date:  |
| Signature: Local IUCUC Chair/Coordinator's printed name: Date:   |
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