Vertebrate Animal Form (5A)
Required for all research involving vertebrate animals that is conducted in a Non-Regulated Research Site. (SRC approval required before experimentation.)

Student's Name				
Title of Project				
To be completed by Stude	nt Researcher:			
1. Common name (or Genus, s	pecies) and number of anir	mals used.		
	5	e provided. Include the cage of food and water, how ofte	/pen size, number of animals pe n animal is observed, etc.	
3. What will happen to the an	imals after experimentatio	n?		
Veterinarian and Designated	d for agricultural, behavior UIRED. Please have applicable per d Supervisor REQUIRED. Please has ppervisor and Qualified Scientist I	oral or nutritional studies: erson sign below.	persons sign below and have the	
The SRC has carefully reviewed this s SRC Pre-Approval Signature:	tudy and finds it is an appropriat	te study that may be conducted in	a non-regulated research site.	
SRC Chair Printed Name	Signature		Date of Approval	
To be completed by Veterinarian I certify that I have reviewed this husbandry with the student before experimentation. I certify that I have approved the prescription drugs and/or nutritio I certify that I will provide vetering in case of illness or emergency.	research and animal re the start of use and dosages of nal supplements.	I certify that I have revenue husbandry with the stue experimentation and I the care and handling of	To be completed by Designated Supervisor: I certify that I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project. I certify that I will directly supervise the experiment.	
Printed Name	Email/Phone	Printed Name	Email/Phone	
Signature	Date of Approval	Signature	Date of Approval	

Vertebrate Animal Form (5B)
Required for all research involving vertebrate animals that is conducted at a Regulated Research Institution. (IACUC approval required before experimentation.)

St	udent's Name					
Ti	tle of Project					
Ti	tle and Protocol Number of IACUC Approved I	Proje <u>ct</u>				
=						
	be completed by Qualified Scientist or Pr Was this a student-generated idea or was it a s					
١.	was triis a studerit-gerierated idea or was it a s	abset of your work:				
2.	Have you reviewed the ISEF Rules relevant to t	his project?				
3.	What laboratory training, including dates, was p	rovided to the student?				
4.	Species of animals used:		Number of anim	als used:		
	a. Pain designation for the IACUC protocol:					
	b. Pain designation for student's project:			<u> </u>		
6.	Describe, in detail, the role of the student in thi			involved with, over-		
sight provided and safety precautions employed. (Attach extra pages if necessary.)						
7.	If the student's project also involves the use of	ne tissues to be used	and how they were			
obtained. (If these tissues are covered in the above IACUC protocol, the student does not need to comp				to complete Form		
	6A or Form 6B)					
8.	. Attach a copy of the Regulated Research Institution IACUC Approval. A letter from the Qualified Scientist or Principal Investigator is not sufficient.					
Се	rtification or Documentation of Student Researche	er Training				
Lis	t Certificate Number or Attach Documentation		Date(s) of Training			
Qι	alified Scientist/Principal Investigator Printed Name	Signature		Date		
IACUC Chair/Coordinator Printed Name		Signature		Date		