**Animal Tissue Use Protocol**

University of North Texas

Institutional Animal Care and Use Committee

**Please submit completed, signed protocol to untiacuc@unt.edu**

**TISSUE RECIPIENT**

|  |
| --- |
| Title of Project:  |
| Principal Investigator: |
| Department: |
| Campus Mail Address: |
| Telephone: |
| Email: |

**TISSUE SOURCE**

|  |  |
| --- | --- |
| Vendor/PI: | Telephone: |
| Mailing Address: |

1. If tissue is supplied from a UNT investigator, provide protocol number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Species:
3. Tissue type (brain, skin, eyes….):
4. Quantity:
5. Method of transport:

**TISSUE USE**

1. PI/Collaborators/Laboratory Personnel

Indicate by completing the following table the qualifications of investigators, professional, technical, or student personnel who will be overseeing or participating in experimental procedure(s) with animal tissue.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name, First Name** | **Degree, Certification, or Licensure** | **Emergency Contact / Phone Number** | **Experience with procedures (years)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Will these tissues be used in live animals?

If Yes, Please provide the approved Animal Use Protocol #:

1. Will these tissues be exposed to any hazardous materials such as radioisotopes, biohazards, or chemical hazards?

If Yes, please list potential hazards and any associated permit or IBC information:

1. Where will the experiments be conducted? (Building/ Room #)

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 Principal Investigator/ Course Director Date