**Animal Use Protocol Congruency Review Checklist**

**Principal Investigator:**

**Grant Funding Agency:**

**Title of Grant:**

**Title of Animal Use Protocol:**

**Animal Use Protocol #:**

**Funding Date Range:**

**Protocol Approval Date:**

**Protocol Expiration Date:**

**Use of Vertebrate Animals in Grant?** [ ]  Yes [ ]  No

**Scope of Work from grant is included in AUP?** [ ]  Yes [ ]  No

**Species and Sex of Animals match?** [ ]  Yes [ ]  No

**Approximation of animal numbers requested match?** [ ]  Yes [ ]  No

**Procedures conducted match?** [ ]  Yes [ ]  No

**Use of Anesthetics and Analgesics match?** [ ]  Yes [ ]  No [ ]  N/A

**Euthanasia methods match?** [ ]  Yes [ ]  No [ ]  N/A

**Test article and ancillary agents (including method of administration) match?** [ ]  Yes [ ]  No [ ]  N/A

**Comments:**

*The documents listed above have been reviewed for congruency by the University of North Texas Office of Research Integrity and Compliance.*

**Reviewed By:** **Date:**