

# 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 Student Researcher:

1. Common name (or Genus, species) and number of animals used.
2. Describe completely the housing and husbandry to be provided. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc.
3. What will happen to the animals after experimentation?

## To be completed by Scientific Review Committee (SRC) PRIOR to experimentation:

- Observational study only. Veterinarian and Designated Supervisor NOT required.
- Behavioral or nutritional study. Designated Supervisor REQUIRED. Please have applicable person sign below.
- Behavioral or nutritional study. Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
- Behavioral or nutritional study. Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and complete a Qualified Scientist Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study and may be conducted in a non-regulated research site.

### SRC Pre-Approval Signature:

\_\_\_\_\_  
SRC Chair Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval

## To be completed by Veterinarian:

- I certify that I have reviewed this research and animal husbandry with the student prior to the start of experimentation.
- I certify that I will provide veterinary medical and nursing care in case of illness or emergency.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email/Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval

## To be completed by Designated Supervisor:

I certify that I have reviewed this research and animal husbandry with the student prior to the start of experimentation and I accept primary responsibility for the quality of care and handling of the animals in this project.

- Additionally, I certify that I will directly supervise the experiment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email/Phone

\_\_\_\_\_  
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.)**

Student's Name \_\_\_\_\_

Title of Project \_\_\_\_\_

Title and Protocol Number of IACUC Approved Project \_\_\_\_\_

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**To be completed by Qualified Scientist or Principal Investigator:**

1. Was this a student-generated idea or was it a subset of your work?
  
2. Were you made aware of the ISEF Rules before the student began experimentation?
  
3. What laboratory training, including dates, was provided to the student?
  
4. Species of animals used: \_\_\_\_\_ Number of animals used: \_\_\_\_\_
  
5. USDA Pain Category designated for this study:
  
6. Describe, in detail, the role of the student in this project: procedures and equipment they were involved with, oversight provided and safety precautions employed. (Attach extra pages if necessary.)

**7. Attach a copy of the Regulated Research Institution IACUC Approval.** A letter from the Qualified Scientist or Principal Investigator is not sufficient.

**Certification or Documentation of Student Researcher Training**

\_\_\_\_\_

List Certificate Number or Attach Documentation	Date(s) of Training
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_____	_____	_____
QS/PI Printed Name	Signature	Date

_____	_____	_____
IACUC Chair/Coordinator Printed Name	Signature	Date