**PROTOCOL #**

(For Committee Use)

BLACK HILLS STATE UNIVERSITY

Institutional Animal Care and Use Committee

Short Protocol Review Form

For Invertebrates Only

Provide a response to every question, using “N/A” (Not Applicable) where appropriate.

PROJECT TITLE: *tab here to enter text*

PRIMARY RESEARCHER (Individual Conducting the Research): *tab here to enter text*

FACULTY MEMBER RESPONSIBLE FOR PROJECT: *tab here to enter text*

DEPARTMENT: *tab here to enter text*

UNIVERSITY TELEPHONE NUMBER: *tab here to enter text*

EMERGENCY TELEPHONE NUMBER: *tab here to enter text*

For All Personnel, Indicate the Following:

NAME: *tab here to enter text*

STATUS **(Faculty, Technician, Student, etc.):** *tab here to enter text*

**QUALIFICATIONS / EXPERIENCES:** *tab here to enter text*

PROPOSED START DATE: *tab here to enter text*

(If not requesting immediate start due to funding arrangements, IACUC must be notified of actual start date.)

PROPOSED END DATE: *tab here to enter text*

THIS PROJECT IS:  NEW

REVISION OF PROTOCOL # *tab here to enter text*

(If a revision, please highlight the revised materials.)

PURPOSE OF APPLICATION:

A Grant (# *tab here to enter text*)from, or application to *tab here to enter text* (agency name)

An Undergraduate Student Project

A Course Activity  *tab here to enter text* (course prefix and number)

If you want students to handle the animals at any time: 1) the instructor must provide appropriate preparatory training; and, 2) this training and the students’ roles in handling the animals must be described in your protocol.

A Graduate Student Project

An Approved Master’s Thesis Project. *tab here to enter text* (Indicate program, supervisor’s name, and department.)

Other

SPECIFIC GOALS: (Describe, in a series of brief statements, the specific goals of your project) *tab here to enter text*

JUSTIFICATION OF ANIMAL USE: (Explain why animals will be used for these studies.)  *tab here to enter text*

ANIMAL USE: (Provide a complete description of how the animals will be used at all stages of the project, including all experimental and surgical procedures.) *tab here to enter text*

DISPOSITION: *tab here to enter text*

CERTIFICATION

I certify that the above information concerning procedures to be taken for the humane use of animals is, to the best of my knowledge, correct. I will seek and obtain **prior** approval for substantive modification of this protocol. I am familiar with the *Guide for the Care and Use of Laboratory Animals*. I will conduct my activities, whether of a research or instructional nature, in conformance with these regulations, policies, and principles. Approval of this protocol is given subject to space in the animal facilities and personnel available. Finally, I understand that the protocol is subject to ongoing review, and a complete review is required within one year from the date of the previous approval.

(Signature, Primary Researcher)

(Printed, Primary Researcher)

(Signature, Faculty Member Responsible)

(Printed, Faculty Member Responsible)

(Signature, Department Chair or Dean)

(Printed, Department Chair or Dean)

(Date)

(Date)

(Date)

Please bring the completed form to the Sponsored Programs Office, Woodburn 203, or send to the Sponsored Programs Office at Unit 9504.

RECEIVED:

COMMITTEE ACTION DATE

COMMITTEE CHAIR