#_____
IACUC USE ONLY

San Jose State University
Institutional Animal Care and Use Committee

Abbreviated Component for Observational Animal Studies

Type and return the completed form with a cover letter and any necessary permits to the University Animal Care office at extended zip 0100.

1. Date:_____ Principal Investigator:_____

Department:_____ Phone:_____ Room:_____

2. Common name of animal to be observed:_____

Genus and Species: _____ (Attach list of additional animals)

Is this animal considered a species of concern, threatened or endangered? _____

3. At what location(s) will the animals will be observed? _____

_____

_____

Has permission been obtained to gain general access and to conduct the study as proposed at each site? _____ If 'yes', attach all permission notices. If 'no', please explain:

_____

_____

4. List all personnel involved and their affiliation: _____

_____

_____

Dates the observations will take place:_____ to _____

5. I hereby assure the IACUC the above information is complete, accurate and that no animal will be harassed, handled or sampled to support the scientific objectives outlined herein.

Signature of Principal Investigator:_____

6. SJSU IACUC Approval (3-year maximum)

_____ _____ _____

Chairperson Signature Date

IACUC Comments: _____

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