

San Jose State University
Institutional Animal Care and Use Committee

Abbreviated Component for the Use of Invertebrate Species or Fertile Eggs

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

1. Date: _____ Principal Investigator: _____
Department: _____ Phone: _____ Zip: _____

2. Genus, Species and Common name: _____
Number required per year: _____ Is this species threatened or endangered? _____
Biohazard concerns? _____

3. Where will the specimens be maintained? _____
Who will provide care for the specimens? _____

4. Classroom instruction federally or privately funded research grant proposal
Procedures that will be conducted on the specimens: (attach additional page if necessary)

Location and Personnel to conduct procedures: _____

Duration the procedures will take place: _____ to _____

How and where will the specimens be disposed of: Carcass freezer; Duncan Hall 437
 Other, explain: _____

5. I certify that all the above information is complete and accurate, and hereby assure the IACUC that procedural modifications will be submitted for approval before any change is instituted.

Signature of Principal Investigator: _____

6. SJSU IACUC Approval (3-year maximum)

Chairperson Signature Date