

San Jose State University
Institutional Animal Care and Use Committee

Abbreviated Component for the Use of Non-living Animal Tissues

Type and return completed form to University Animal Care at extended zip 0100. Upon submission, attach copies of any necessary permits or IACUC approval notices if you are completing section 3.

1. Date: _____ Principal Investigator: _____
Department: _____ Phone: _____ Room: _____
Project Title: _____

2. Species from which tissues are obtained: _____
Description of tissues (i.e., blood, brain): _____
Indicate the volume or quantity of tissues to be used for project: _____

3. From what source were the tissues obtained? (e.g., slaughterhouse, research facility, park)
Name and Location: _____

If samples are obtained from another research institution complete Section 3:

P.I. & phone with above Institution: _____
Approved Protocol #: _____ Sample collection dates: _____

4. Procedures to be conducted on the samples: _____

Location and Personnel to conduct procedures: _____

Duration the procedures will take place: _____ to _____

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

5. I certify that the above information is complete and accurate, and hereby assure the SJSU IACUC that live animals have and will not be directly handled or used solely to support the scientific objectives as described herein.

Signature of Principal Investigator: _____

6. SJSU IACUC Approval (3-year maximum)

Name Signature Date