San Jose State University

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 IACUC USE ONLY

Institutional Animal Care and Use Committee

Application for Use of Previously Collected Secondary Data OR

Involvement in Animal Activities Led by Third-parties

SJSU IACUC approval is required for individuals to use previously collected secondary data (i.e. non-publicly available study data obtained by someone other than the submitter), or to collaborate with or engage in animal activities initiated, led, or organized by a third-party individual or organization. This form must be typed and filled in completely. In your response, if an item does not exist, indicate *None.* If an item does not pertain, mark *N/A.* Submit the completed application to the SJSU IACUC Coordinator.

**A valid approval letter from the primary IACUC of record is required to accompany this form.**

**Check here** [ ]  **if there was no IACUC oversight of the activity(s) described herein.**

**1.** **Submitter Information:**

Date submitted:        SJSU PI/Advisor:

Co-investigator Name and Department:

Co-investigator Email and Phone:

Project Title:

Project Period (*MM/DD/YYYY*):            through

**2.** **Project Information:**

**A.** Use of previously collected secondary data[ ]  **N/A** [ ]

Period when secondary data was collected or recorded:             through

Lead Institution/Organization(s):

Study location/localities:

Summary of animal activities; including species, approximate numbers, and data collected:

Collaborator’s name & email:

List all scientific collection permits and permit holders for these activities:

**B.** Involvement in ongoing third-party-led activity or collaboration [ ]  **N/A** [ ]

Brief summary of project aims and purpose:

Brief summary of SJSU personnel role in animal care and use:

Performance site/localities:

Collaborator’s name and email:

List the approximate numbers of each species associated with these activities:

List all scientific collection permits and permit holders for these activities:

*Attach verification of IACUC approval for SJSU personnel involvement in these activities* **N/A** [ ]

 **3.** **Animal Oversight Information:** *Attach the approval notice from the primary IACUC of record*

Institution name and address:

IACUC administration contact and email:

USDA registration #:            OLAW Assurance #:

AAALAC accredited unit #:

PI name:       IACUC protocol #:

Protocol title:

**4.** **SJSU Project Funding Source and Award/Contract #:**

**5. Personnel:** list all SJSU personnel and their affiliation covered by this submission.

**6.** **Assurance Statement**

*As Principal Investigator, by signing below:*

I verify that the information described herein is complete and accurate; and that I will secure the necessary permission from SJSU and the performance site to utilize any and all data or proprietary information shared with SJSU personnel related to the described activities.

I certify that all SJSU personnel who are participating in an ongoing activity led by a third party or conducted at an outside performance site: 1) shall be adequately trained in policies related to the care and use of laboratory animals at that institution; 2) shall be informed of and have met all occupational health requirements imposed at that institution; and 3) are familiar with and will abide by all IACUC requirements related to the care and use of live animals outlined in the approved protocol at that institution.

I understand that in order to maintain IACUC approval of this protocol: IACUC approval for animal care and use by the performance site must be/remain valid and consistent with this protocol; SJSU approval will not exceed the IACUC approval period specified by the performance site for ongoing activities/collaborations without receipt of written verification of IACUC approval renewal; and I must promptly advise the SJSU IACUC of any future changes, provisions or suspensions imposed by the performance site’s IACUC as it relates to the activity(s) described herein.

# PI Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

# Co-investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**7. SJSU IACUC Approval: Protocol # \_\_\_\_\_\_\_\_\_\_\_**

☐ **Yes, for use of secondary data** ☐ **Yes, for SJSU involvement in activities** ☐ **Approval Denied** ☐ **See additional remarks**

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 SJSU IACUC Representative Signature Date

ADDITIONAL IACUC REMARKS:

Last revised 2023