

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

**ANIMAL SUBJECTS RESEARCH SIGNATURE PAGE**

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| **ANIMAL RESEARCH APPLICATION PROCEDURES** |
| Federal regulations and University policy require prior IACUC review and approval of research involving animal subjects. Always use the most recent version of this signature page and application forms, available [here](https://www.usm.edu/research-integrity/iacuc-forms.php).   * All necessary [appendices](https://www.usm.edu/research-integrity/iacuc-forms.php) must be completed and included with your submission. * Submit this form and all required documents electronically to [iacuc@usm.edu](mailto:iacuc@usm.edu).     Last Updated 08/27/2025 |

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| **SECTION 1: INVESTIGATOR INFORMATION** | | | |
| Project Title: | Click or tap here to enter text. | | |
| Protocol Number (renewals only): | Click or tap here to enter text. | | |
| Principal Investigator: | Click or tap here to enter text. | USM ID Number: | Click or tap here to enter text. |
| USM Email Address: | Click or tap here to enter text. | USM Phone Number: | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. | Research Purpose: | Choose an item. |
| Funding Agency  (if applicable): | Click or tap here to enter text. | Grant Number: | Click or tap here to enter text. |

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| **SECTION 2: INVESTIGATOR ASSURANCE STATEMENT** | | | | | |
| Pursuant to applicable Federal laws and regulations, Mississippi Statutes, and University of Southern Mississippi (USM) Policies and Procedures: | | | | |
|  | I affirm that all use of vertebrate animals in USM-sponsored research, teaching, and/or testing programs shall be covered by an Animal Care and Use Protocol that has been reviewed and approved by the USM Institutional Animal Care and Use Committee (IACUC) and that IACUC approval shall be obtained prior to ordering animals and/or performing any animal procedures described therein. | | | |
|  | I affirm that any proposed changes in personnel, species, usage, animal procedures, anesthesia, post-operative care, or biohazard procedures that will impact the animal portion of the study in any way will be reported in writing to the IACUC in the prescribed format and that IACUC approval shall be obtained prior to performing the revised animal procedures described therein. | | | |
|  | I affirm that unauthorized deviation from an approved protocol is grounds for suspending or terminating the protocol and may result in disciplinary action. | | | |
|  | I affirm that the USM Attending Veterinarian may perform unannounced inspections and observations of animal quarters and/or experimental procedures and that the USM Attending Veterinarian is authorized to humanely euthanize animals that are found to be experiencing severe pain and/or distress that cannot be relieved and/or unilaterally suspend an approved protocol pending full IACUC review.  (NOTE: The USM Attending Veterinarian will make a concerted effort to contact the PI and/or his/her designated staff prior to initiating such action.) | | | |
|  | I affirm that all use of biohazardous materials and/or radiological materials must be reviewed and approved by the applicable USM Institutional safety officials/committees. Failure to follow those approved protocols may result in the withdrawal of authorization to conduct research/teaching/testing at USM. | | | |
|  | I affirm that I have considered alternatives to the use of live animals in research, teaching, or testing. | | | |
|  | I affirm that the activities/methods/procedures described herein do not unnecessarily duplicate previous experiments. | | | |
|  | I affirm that all animal procedures described herein that may cause more than momentary or slight pain or distress will be performed with appropriate sedatives, analgesics, or anesthetics unless scientifically justified and approved by the IACUC; that paralytics will not be used without anesthesia; and that I have consulted the USM Attending Veterinarian or other veterinarian in planning/developing the regimen to alleviate pain/distress. | | | |
|  | I affirm that personnel performing animal manipulation, experimental techniques, surgery, etc., are or have been adequately trained and proficient prior to performing those procedures. | | | |
|  | I affirm that the protocol contains sensitive information and is not to be released to unauthorized individuals. | | | |
|  | I affirm that the information contained herein does not materially conflict with and/or deviate from information contained in related grant proposal documents submitted to extramural funding agencies listed in the protocol. | | | |
| By signing this form, the principal investigator certifies that he/she has read and agrees to abide by the assurance statements listed above and the USM Institutional Policies governing the use of animals in research, teaching, and/or testing programs. | | | | |
| Principal Investigator Signature: | | Click or tap here to enter text. | Date: | Click or tap to enter a date. | |

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| **SECTION 3: DEPARTMENTAL APPROVAL** | | | |
| By signing this form, the department head and/or research advisor certifies that the proposed animal use protocol has either been reviewed for scientific merit, is part of an approved course of instruction, or is an essential validated diagnostic/safety/efficacy test method. | | | |
| Department Head Name: | Click or tap here to enter text. | USM Email Address: | Click or tap here to enter text. |
| Department Head Signature: |  | Date: | Click or tap to enter a date. |
| Research Advisor Name (if applicable): | Click or tap here to enter text. | USM Email Address: | Click or tap here to enter text. |
| Research Advisor Signature: |  | Date: | Click or tap to enter a date. |

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| **SECTION 4: ANIMAL FACILITIES MANAGER & ATTENDING VETERINARIAN** | | | |
| Coordination with the Animal Facilities Manager and the USM Attending Veterinarian is required prior to submission if AR facilities/equipment/personnel are required, or if the proposed animal procedures will cause more than momentary pain or distress. If the protocol involves the use of facilities, equipment, and/or resources that are not under the PI’s control, the PI should list the applicable person/office/institution/and secure their signatures prior to submission. | | | |
| Animal Facilities Manager Name: | Click or tap here to enter text. | Email Address: | Click or tap here to enter text. |
| Animal Facilities Manager Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| Attending Veterinarian Name: | Click or tap here to enter text. | Email Address: | Click or tap here to enter text. |
| Attending Veterinarian Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |