**IACUC Protocol Congruency Request Form**

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| Principal Investigator of Funding Proposal/Contract: |
| Project Sponsor/Funding Source: |
| Grant # (*required*): |
| Office of Sponsored Projects Proposal ID # (*required*): |
| Title of Funding Proposal: |
|  |
| Principal Investigator of IACUC Protocol(s): |
| IACUC Protocol Number(s): |
| PHS Assurance #:  University of Utah (A3031-01)  Other |
| Contact Person\*: |
| *\*This person should be able to address questions about any discrepancies identified.* |

# *For IACUC use only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_*

Is the University of Utah the prime grantee of the award?  Yes  No

If yes, are there other sites where animal work will be performed?  Yes  No

Confirm the following items from the funding proposal are congruent with the approved protocol(s):

General scope of work (research methods/specific aims)

Species, sex, and number of animals

Procedures to be conducted on animals

Interventions to minimize discomfort, distress, pain, and injury, including analgesia, anesthesia, sedation, palliative care and humane endpoints

Method(s) of euthanasia is consistent with the AVMA guidelines. If not, is the method described and scientific justification provided?  Yes  No

Congruency confirmed/Approval date(s) can be released

IACUC Notes:

Congruency performed by: Date: