**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: