**RESEARCH PROPOSAL COVER SHEET for Ethical Review by the**

**Hampshire College Institutional Animal Care and Use Committee (IACUC)**

**Title of research project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Principal investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(If you are a student, list yourself as Principal investigator)*

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address or PO Box #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I agree to abide by the Guide for Care and Use of Laboratory Animals, the USDA Animal Welfare Regulations (CFR1985) and Public Health Service Policy on Humane Care and Use of Laboratory Animals (1996). I further agree to seek assistance immediately from my supervising faculty or IACUC members in the event of unexpected animal distress or health changes or difficulty with maintaining animal welfare conditions to the highest proposed level.***

\* Principal investigator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I think this research proposal is eligible for the following IACUC review status:

[ ]  Exempt [ ]  Full [ ]  Expedited

Anticipated date to begin research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated date completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated funding sources : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collaborating investigators**, including personnel who will assist with animal care(please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Supervisor(s)** (print)*:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 On campus address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I have reviewed the enclosed research proposal and approve it for submission to the IACUC. I also agree to be responsible for supervision of the project, and thus, the health and welfare of animals used.***

\* Faculty Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR IACUC USE ONLY:***

**Date proposal received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date reviewed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review Type:**  [ ]  Exempt [ ]  Full [ ]  Expedited

**IACUC Decision:** [ ]  Approved [ ]  Approved, pending corrections

 [ ]  Not approved

**Comments:**