*This application form should only be used when following LU IACUC SOP: Collaborative Work with Outside Institutions*

**Lehigh University**

|  |  |
| --- | --- |
| Protocol Title | Click here to enter text. |
| LU Principal Investigator | Click here to enter text. |
| Campus Address | Click here to enter text. |
| Email | Click here to enter text. |
| Phone | Click here to enter text. |
| Funding Source/Agency | Click here to enter text. |
| Grant Title | Click here to enter text. |
| Sponsor Grant Number | Click here to enter text. |
| PI on Grant (if different than protocol) | Click here to enter text. |
| Explain in layman’s terms, how this research relates to human and/or animal medical, physical, or physiological or psychological diseases or problems | Click here to enter text. |
| Provide details of the collaboration and the role played by the Lehigh University PI in the overall project.  | Click here to enter text. |

**Collaborative Organization**

|  |  |
| --- | --- |
| Name of Collaborative Organization | Click here to enter text. |
| Name of Collaborative Organization PI | Click here to enter text. |
| Campus Address | Click here to enter text. |
| Email | Click here to enter text. |
| Phone | Click here to enter text. |
| Collaborative Organization IACUC Contact Name | Click here to enter text. |
| Campus Address | Click here to enter text. |
| Email | Click here to enter text. |
| Phone | Click here to enter text. |

The LU IACUC will contact each source referenced above to obtain verification of their AAALAC accreditation status, PHS Assurance, USDA Registration (if covered species are being used), a copy of their IACUC’s approval letter to conduct the protocol activities, a copy of the Collaborative Organization’s protocol sections describing the animal work proposed in the grant proposal, and if necessary, a copy of the entire IACUC protocol. Additional information may be required by the LU IACUC.

**Please sign and date below:**

By signing below, I certify that I am the Principal Investigator of this IACUC protocol; that I am verifying that all information in the protocol is correct and accurate to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit signed, completed forms to:

Research Integrity

Office of the Vice President and Associate Provost for Research and Graduate Studies

Memorial Hall

27 Memorial Drive West

Bethlehem, PA 18015-3008

iniacuc@lehigh.edu