THE UNIVERSITY OF LOUISIANA AT MONROE
OFFICE OF GRADUATE STUDIES AND RESEARCH
ANIMAL WELFARE ASSURANCE FORM

Project Title: _____

Accession No.: _____

Project Director: _____ Termination Date: _____
Date of this Proposal: _____

[ ] New Protocol [ ] Previously IACUC Approved Protocol
_____ Date

Identify the species and approximate number of animals to be used.

Give the rationale for involving animals, and for the appropriateness of the species and numbers to be used.

Give a complete description of the proposed use of the animals.

Describe any euthanasia method to be used.

Previous work done on this project or related subjects.

We the undersigned give our assurance that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research, and that analgesic, anesthetic, and tranquilizing drugs will be used where indicated and appropriate to minimize discomfort and pain to animals.

| Review and Approval | Signature | Date |
|---|---|---|
| Project Director | _____ | _____ |
| Department Head | _____ | _____ |
| Dean of College | _____ | _____ |
| Final Review and Approval | _____ | _____ |
| Animal Welfare Assurance Officer | _____ | _____ |