**CUSTOM ANTIBODY PRODUCTION CONTRACT LABORATORY ANIMAL USE AGREEMENT**

University of California, Irvine, Institutional Animal Care and Use Committee

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| **1. TO BE COMPLETED BY UC IRVINE FACULTY RESPONSIBLE FOR PROJECT** | | | | | | | | | | |
|  | | | | | | | | | | |
| **PI NAME:** | | | | | | | | | | |
| **DEPT.:** | | | **ADDRESS (incl. ZOT Code):** | | | | | | | |
| **WORK PHONE:** | | | **E-MAIL:** | | | | | | | |
|  | | | | | | | | | | |
| **TITLE OF PROPOSAL:** | | | | | | | | | | |
| **AGENCY NAME:** | | | | | | **PROPOSAL/AWARD NUMBER:** | | | | |
|  | | | | | | | | | | |
| **NAME OF CONTRACT LAB:** | | | | | | | | | | |
| **CONTACT PERSON AT LAB (incl. name/phone** **#):** | | | | | | | | | | |
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| *I assert that this contract for live animal use is consistent with the grant/award named above, and this project does not unnecessarily duplicate previous experiments*. | | | | | | | | | | |
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| **Typed Name of UCI PI Signature Date** | | | | | | | | | | |
| **2. TO BE COMPLETED BY CONTRACT LABORATORY WHERE ANIMAL WORK IS CONDUCTED** | | | | | | | | | | |
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| **STATUS OF LABORATORY**: | | | | | | | | | | |
| 1. **PHS Assurance:** No Yes  **(Required for NIH funding)** | | | Assurance #:: | | | | Assurance Approval date: | | | |
| 2. **AAALAC Accredited:**  No  Yes | | | | | | | | | | |
| 3. **USDA Registration:**  No Yes Registration Number: | | | | | | | | | | |
| 4. Dates of IACUC Semi-Annual Review: | | | | | | | | | | |
| **ASSURANCE FROM LABORATORY**: | | | | | | | | | | |
| The IACUC of this contract laboratory assures that the contract work on live animals is performed according to a protocol that has been approved in compliance with the Animal Welfare Act, PHS Policy and applicable UCI Guidelines. Specifically, the protocol review for the procedures that will be performed at the contract lab will include consideration of: | | | | | | | | | | |
| * Justification for the use of animals, including species and number to be used; | | | | | | | | | | |
| * Procedures will avoid or minimize discomfort, distress, and/or pain to the animals; | | | | | | | | | | |
| * Alternatives have been considered for procedures that may cause more than momentary or slight pain or distress to the animals; | | | | | | | | | | |
| * Procedures which may cause more than momentary or slight pain or distress will be performed using appropriate analgesics, anesthetics or tranquilizers; | | | | | | | | | | |
| * Animals that would otherwise experience severe or chronic pain or distress that cannot be relieved will be euthanized; | | | | | | | | | | |
| * Medical care for animals will be provided as necessary by a qualified veterinarian; | | | | | | | | | | |
| * Activities that involve surgery include appropriate provision for preoperative, intraoperative and postoperative care and will be conducted using appropriate aseptic procedures; | | | | | | | | | | |
| * Procedures involving immunization will be conducted following the attached UCI IACUC Guidelines for Polyclonal Antibody Production or please refer to “Adjuvants & Antibody Production” ILAR Journal, Vol. 37, No.3, 1995 | | | | | | | | | | |
| * Personnel conducting procedures on the species will be appropriately qualified and trained; | | | | | | | | | | |
| * Methods of euthanasia are consistent with the recommendations of the AVMA Panel on Euthanasia. | | | | | | | | | | |
| In addition, the laboratory agrees to notify the UC Irvine IACUC promptly of any problems involving animal care and use for those animals involved in this project. | | | | | | | | | | |
| **The protocol for this project was approved by the contract laboratory IACUC on:** | | | | | | | | | | |
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| **Typed Name Authorized Signature Title Date** | | | | | | | | | | |

**UCI OFFICE USE ONLY**

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**Agreement # UCI IACUC Acceptance Date Approval Signature**