**Approval Form for Offsite Animal Care and Use Protocol**

**Faculty of Science, Mahidol University–Institutional Animal Care and Use Committee (MUSC–IACUC)**

**COVER SHEET**

**1. Overview**: *This section will be completed by MUSC–IACUC*

|  |  |
| --- | --- |
| Protocol number | MUSC - - Offsite |
| Date of submission (*dd/mm/yyyy*) |  |
| Date of request for modification (*dd/mm/yyyy*) |  |
| Date of resubmission (*dd/mm/yyyy*) |  |
| Date of approval or disapproval (*dd/mm/yyyy*) |  |

**2. Protocol title**

(Thai)

(English)

**3. Principal investigator of the submitted protocol**

Name

Affiliation

**4. Name of institution where the project is conducted**

**4.1 NRCT registration number of the institution**

□ Yes, provide registration number

□ No

**4.2 AAALAC International accreditation status of the institution**

□ Yes, provide unit number

□ No

**4.3 Animal ownership**

□ Institution where the project is conducted

□ Faculty of Science, Mahidol University

□ Others, specify

**4.4 Site of animal housing**

□ Institution where the project is conducted

□ Others, specify

**SUMMARY OF PROTOCOL**

**1. Protocol title**

(Thai)

(English)

1.1 This protocol is a part of the main research project entitled (if applicable)

(Thai)

(English)

1.2 Principal investigator of the main research project (if applicable)

Name

Degree Position

Affiliation

**2. Principal investigator of the submitted protocol**

Name

Degree Position

Affiliation

Telephone Email

Animal use license number (*issued by Institute of Animal for Scientific Purposes Development, NRCT*) Expired date

**3. Co-investigators of the submitted protocol**

3.1 Name

Degree Position

Affiliation

Telephone Email

Animal use license number Expired date

3.2 Name

Degree Position

Affiliation

Telephone Email

Animal use license number Expired date

**4. Type of animal protocol**

□ Research in the field of

□ Testing or monitoring, specify

□ Teaching, specify (course, class)

□ Animal breeding, specify (species, strain, genotype)

□ Other, specify

**5. Anticipated protocol period** from to

**6. Funding**

□ Received from

Funding period from to

□ To be requested from

Funding period from to

□ Other, specify

**7. Signatures**

*Your signature as Principal investigator on this application verifies that the information herein is true. Once this offsite protocol has been approved by the Institution, a copy of IACUC approval document by must be sent to MUSC-IACUC (E-mail: musc.iacuc1@gmail.com).*

Principal investigator Date

 ( )

Head of Department Date

 ( )

Faculty/Institute

**8. Approval**

MUSC–IACUC review: □ Approved

 □ Disapproved, specify

MUSC–IACUC Chair Date

 (Professor Emeritus Dr. Nateetip Krishnamra)