**Kent State University**

**Animal Tissue Transfer/Usage**

**Please provide the following information**

KSU Principal Investigator:

Department:

Campus Phone and Email:

Protocol Title/Number:

**Tissue Source**

Name:

Phone number and Email:

Institution:

Protocol number/ title under which tissue was collected:

OLAW Welfare Assurance Number:

**Tissue Requested**

Species:

Tissue Type:

Quantity:

Frequency of Transfer:

Method of Transfer:

Does this project require euthanizing animals for the purpose of obtaining or using their tissues or other materials, **or** involve project-specific antemortem manipulations of animals prior to euthanizing them?

**Yes** **[ ]**  **No** **[ ]**

*The use of dead animals or parts of animals is not covered by the PHS Policy unless the activity involves (1) euthanizing animals for the purpose of obtaining or using their tissues or other materials,* ***or*** *(2) project-specific antemortem manipulation of animals prior to euthanizing them. If either circumstance is applicable to the acquisition of dead animals, body parts or tissues, prior IACUC protocol review and approval are required.*

**Hazard Potential**

Has the tissue been screened for human/animal pathogens? **Yes** **[ ]**  **No** **[ ]**

Will tissue be treated (preserved, digested etc.) prior to transfer to KSU? **Yes[ ]  No[ ]**

* If Yes, provide description of how tissue is treated:

Will tissue be transferred into live animals? **Yes** **[ ]**  **No** **[ ]**

* If Yes, provide protocol information describing procedure:

Was the animal intentionally or otherwise suspected to be infected? **Yes** **[ ]**  **No** **[ ]**

* If Yes, provide information on the organism/disease:

Are there any additional hazards associated with this tissue? **Yes** **[ ]**  **No** **[ ]**

* If Yes, provide description of hazard:

**Tissue Use**

Briefly describe how tissue will be used:

Describe method of tissue disposal:

**Personnel Training**

Describe personnel training for procedures with this tissue:

**Permits:** It is the responsibility of the PI/Research Leader to have all necessary permits from regulatory agencies such as CDC, FDA, Fish and Wildlife etc. in place prior to receipt of tissue. Applicants are encouraged to contact the ORC for guidance.

**Shipping and Receiving:** Must be conducted in accordance with federal shipping and importation guidelines. The PI is responsible for being in compliance with all regulations regarding shipping tissues that may have been exposed to animal diseases or present a zoonotic risk to humans. The Kent State [Office of Laboratory Safety](http://www.kent.edu/compliance/laboratory-safety) may be able to provide guidance on Standard Operating Procedures (SOPs) for sample handling and transport.

**Location/Safety Measures**: Indicate the building and room number where the tissue will be kept. Describe safety and containment measures taken to prevent spread of potentially infectious disease contained in the tissues. Describe security measures taken to prevent theft/loss of tissue. Facility may be inspected prior to tissue delivery.

**Signatures**: PI must initial/sign the following, verifying that each statement is true:

This description is accurate and complete. All personnel are adequately trained to perform these procedures and are enrolled in the occupational health program. Safety practices will be adhered to. All vertebrate animal tissues will be acquired through lawful means, judiciously used and disposed of appropriately. I have read and understand the guidelines associated with this application.       **(Initial)**

Tissue proposed for use is not from an endangered species       **(Initial)**

Tissue shipment does not violate the Convention of International Trade of Endangered Species (CITES).       **(Initial)**

Tissue proposed for use and its shipment does not violate the Migratory Bird Act.       **(Initial)**

**Signature of PI:**        **Date:**

**KSU email address:**

**Signature Attending Veterinarian or IACUC representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

*(This signature will be facilitated by the ORC)*