VANDERBILT UNIVERSITY MEDICAL CENTER
INSTITUTIONAL ANIMAL CARE AND USE FORM

PROTECTION OF ANIMALS ASSURANCE/CERTIFICATION	☐ GRANT ☐ CONTRACT ☐ FELLOW ☐ OTHER
☐ ORIGINAL ☐ FOLLOWUP ☐ EXCEPTION	☐ New ☐ Competing ☐ Noncompeting ☐ Supplement
	APPLICATION IDENTIFICATION NO. (if known)

1. TITLE OF APPLICATION OR ACTIVITY:

2. PRINCIPAL INVESTIGATOR, PROGRAM DIRECTOR, OR FELLOW:

3. HHS ASSURANCE STATUS:

This institution has an approved assurance of compliance on file with the Office for Protection of Research Risks which covers this activity.

A3227-01 Assurance Identification Number

4. CERTIFICATION OF INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)OR DECLARATION OF EXEMPTION:

This activity has been reviewed and approved by the IACUC in accordance with current Federal regulations.

_____ Date of IACUC review and approval (if approval is pending, write
(month/day/year) "pending." Followup certification is required.

FOLLOWUP: Modifications of application required for IACUC approval when application submitted as pending.

5. Each official signing below certifies that the information provided on this form is correct and that each institution assumes responsibility for assuring required future reviews, approvals, and submission of certification.

APPLICANT INSTITUTION	COOPERATING INSTITUTION
Name, Address, and Telephone No. Vanderbilt University Medical Center Office of Sponsored Programs 3319 West End Avenue, Suite 970 Nashville, TN. 37203-6856	Name, Address, and Telephone No.
Name and Title of Official D. Clinton Brown, Director - Office of Sponsored Programs	Name and Title of Official
Signature of Official Listed Above (Date)	Signature of Official Listed Above (Date)