

MEMORANDUM OF UNDERSTANDING (MOU) FOR IN VIVO RESEARCH

Complete this appendix if any research animals will be housed or used at a location other than the Tarleton State University in relation to this project.

PI Name: _____ Protocol #: _____

1. Animal Research Site

Name of Institution: _____
Address: _____

2. Collaborating Institution

Principal Investigator: _____ Phone: _____
Fax: _____ Email: _____
Emergency Contact #: _____

3. Funding Information:

If the work described in the Animal Use Protocol is funded, indicate which institution is the primary recipient of these funds: TSU Collaborating Institution

Provide the corresponding funding information:

Funding Agency: _____
PI of the funded project: _____
Grant/Proposal number: _____

This MOU will be in effect until the end of the grant project referenced above, or as terminated by mutual written agreement.

4. Collaborating Institution's:

Attending Veterinarian: _____ Email: _____
Phone: _____
 Full Time Part Time

IACUC at Animal Research Site

Contact: _____ Email: _____
Phone: _____

Animal Research Site Grants Management Office

Office Contact: _____ Email: _____
Phone: _____

Institutional Accreditation/ Assurances:

Is Animal Work being performed at an AAALAC International accredited facility? Yes No
If yes, provided the most recent Accreditation date: _____

Institutional Animal Care and Use Committee (IACUC)

iacuc@tarleton.edu

Box T # T-0015

(254) 968-1647



Provide the PHS Assurance Number: _____

If the answer above is no, the facility in which the animal work is performed must submit a statement signed by the Institutional Official that states the care and use of animals will be conducted in accordance with the Guide for the Care and Use of Laboratory Animals and applicable federal regulations. If project is federally funded and the institution where the animal work is to be conducted is not PHS Assured, contact the IACUC office (254) 968 -1665.

Animal Protocol Information: *Provide a copy of the collaborating institution's IACUC approval letter. If the collaborating institution is not AAALAC accredited, the complete animal use protocol is also required.*

Animal Protocol #: _____
IACUC Approval Date: _____
IACUC Expiration Date: _____
Protocol Title: _____

5. Will animal work be performed outside of the United States of America? YES NO

If yes, contact the IACUC Office (254) 968 - 1665.

6. Investigator's Lay Summary of the Project: Provide a lay summary of the animal work to be conducted at the location outside of TSU.

7. Who will be responsible for the ownership of the animals? TSU Collaborating Institution

8. Signatures: Collaborating Institution

Memorandum of Understanding: I agree that all animal work performed under my institution will be conducted on the approved IACUC protocol listed above, that all institutional, state and federal guidelines will be followed, and that any changes to the protocol or significant findings of a facility housing or a research activity for this project from the semi-annual review will be submitted in writing to the TSU IACUC Office.

Annual Renewal of this protocol/MOU will require a written progress report, an attached annual renewal approval from the animal research site, and any written findings from the semi-annual review performed at the animal research site.

Collaborating Institution PI

Signature: _____ Date: _____

Signatory Official

Signature: _____ Date: _____

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(254) 968-1647



Signatures: Tarleton State University

I agree to the term of this MOU and understand my responsibilities related to my role in the above mentioned research project. **I will ensure submission of the annual renewal documentation to the TSU IACUC as described above.**

TSU Institutional PI

Signature: _____ Date: _____

Signatory Official

Signature: _____ Date: _____