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| FOR IACUC OFFICE USE ONLY | |
| **DATE RECEIVED:** |  |

***Northeastern University***

Institutional Animal Care and Use Committee (NU-IACUC)

**Telephone:** 617-373-3958 **Email:** [iacuc-office@northeastern.edu](mailto:iacuc-office@northeastern.edu)

**Website:** <https://dlam.neu.edu/>

**NU-IACUC Protocol/Grant Congruency Verification Form**

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| **I. GENERAL INFORMATION** |

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| **DATE:** |  |

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| **PRINCIPAL INVESTIGATOR:** | | | |  | | | DEGREE(S): | |  |
| ACADEMIC POSITION/TITLE: | | | |  | | | | | |
| DEPT/DIV: |  | | | | | | | | |
| E-MAIL ADDRESS: |  | | | | | | | | |
| DIRECT PHONE #: |  | | | | | CELL PHONE # | |  | |
|  | | | | | | | | | |
| **LABORATORY MANAGER or PRIMARY CONTACT:** | | |  | | | | DEGREE(S): | |  |
| E-MAIL ADDRESS: |  | | | | | | | | |
| DIRECT PHONE #: |  | | | | | CELL PHONE # | |  | |
| PROTOCOL #(s) and TITLE(s): | |  | | | | | | | |
| PROJECT SPONSOR, GRANT NUMBER AND GRANT TITLE: | | | | |  | | | | |

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| **II. INSTRUCTIONS AND DOCUMENTS PROVIDED BY PRINCIPAL INVESTIGATOR** |

The PI must complete the top part of this form, and email it to the IACUC Office along with the Grant Application, which must include the Vertebrate Animal Section(s). This document will initiate the IACUC Office to complete grant/protocol congruency, which compares the approved animal protocol with the supporting grant. This process confirms that all procedures performed at Northeastern University utilizing animals in the grant are covered by the animal care and use protocol. Once this has been verified, an IACUC approval letter, which can be sent to the awarding agency, will be generated and provided to the PI and the grant officer at ORAF.

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| PRINCIPAL INVESTIGATOR (Type in name or *provide* *electronic signature*) |  | Date |

*By typing your name, you are submitting an electronic signature that confirms your understanding and adherence to the above statements and IACUC policies. This is considered legal documentation and confirmation of your agreement to execute all activities as approved.*

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| **REVIEW INFORMATION *(IACUC USE ONLY)*** |

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| 1. **The following items outlined in the grant/funding proposal are congruent with those approved in the protocol(s); therefore, the animal component of this grant/funding proposal can be approved:** | | | |
|  | Justification of animal use and the  detailed description of the procedures |  | Information on the veterinary care of the animals |
|  | Number(s) of animals |  | Explanation of procedures to ensure that the animals will not experience unnecessary discomfort, distress, pain, or injury. |
|  | Species of animal(s) |  | Justification for any euthanasia methods to be used |

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| 1. **The following inconsistencies or problems need to be addressed before the grant/funding proposal can be approved:** |
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|  |  |  |
| IACUC REPRESENTATIVE (Type in name or *provide* *electronic signature*) |  | Date |

*This confirms that the Grant and IACUC Protocol(s) have been found to be congruent.*