**ANIMAL HOLDING PROTOCOL REQUEST FORM**

*Please send completed forms to iacuc@liberty.edu.*

**By submitting this form, the PI and/or Department certify that:**

* No animal procedures are allowed on the animals while under the animal holding protocol.
* Any associated charges are the responsibility of the PI and/or department responsible.
* They have read and understand the policy regarding use of the animal holding protocol.

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| **PROTOCOL INFORMATION** |
| Principal Investigator:       | IACUC Protocol #:       |
| Submitted by:       | Submission Date:       |
| Department:       | Title:       |
| Phone:       | Email:       |

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| **REASON FOR REQUEST** |
| [ ]  Expired/Lapsed/Suspended Protocol[ ]  IACUC Requirement [ ]  PI Leaving LU[ ]  PI Absent from LU [ ]  Newly Arrived PI at LU[ ]  Animals Ordered w/o Approval[ ]  Other:       |
| Anticipated length of time on the animal holding protocol (maximum of 2 months):       |

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| **ANIMAL INFORMATION** |
| Species:       | Strain/Breed:       |
| Housing Location:       |
| Animal ID(s):       |
| Total # of Animals (not cages) to be transferred:       |
| **PRE-EXISTING CONDITIONS** |
| [ ]  Surgical Implant/Impairment:      [ ]  Special Diet:      [ ]  Fecundity:      [ ]  Zoonotic/Infectious Potential:      [ ]  Viral Vectors:      [ ]  Past Survival Surgeries:      [ ]  Genetic Anomalies:       |

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| IACUC Chair/UV Signature:       | Date:       |