**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: |