**NOTICE OF INTENT TO USE AVIAN EMBRYOS**

*Send completed forms to iacuc@liberty.edu*

**Document #:**

(To be assigned by IACUC Office)

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| **1. PERSONNEL INFORMATION** | |
| **Principal Investigator:** | |
| **Department:** | **Campus Address:** |
| **Phone:** | **Email:** |
| **Title of Project:** | |

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| **2. AVIAN EMBRYO USE SUMMARY** |
| **Avian species to be used:** |
| **Maximum age(s) of embryos for use:** |
| **Method of euthanasia for chick embryos older than E14:** |
| **At what age will unused embryos be discarded:** |
| **Procedures for humane euthanasia should inadvertent hatching occur:** |
| **Building and room number where avian embryo use will occur:** |

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| **3. INVESTIGATOR ASSURANCE** | |
| I agree to abide by all applicable IACUC policies. | |
| **PI Name:** | **Date:** Click or tap to enter a date. |