**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. |