

REQUEST FOR EXEMPTION FROM IACUC APPROVAL FOR FIELD STUDIES

Project Title:

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Date of Application & Anticipated Length of Project:

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Principal Investigator:

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| Name (Last, First) | |
| Mailing Address | |
| Office Phone # | |
| Cell or Home Phone # | |
| E-mail | |

Summary of Project: In language understandable to a lay person, provide a description of the study protocol in the space below. This description should sufficiently demonstrate that the criteria for exemption from IACUC approval have been met. If any federal, state, or local permits are required to conduct this study, indicate the permit number(s).

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Statement of Understanding and Agreement: By signing this form, I certify that:

- 1) I have acquainted myself with the Federal Regulations regarding the care and use of vertebrate animals in testing, research, and educational activities.
- 2) Field studies are, first and foremost, subject to the animal care and use requirements and regulations imposed by any agency funding the study.
- 3) All animals will be studied in their natural environment. Every attempt will be made to avoid excessive disturbance due to research or teaching activity. The proposed activities do not involve the capture, handling, housing, transportation, treatment or euthanasia of any vertebrate animals. Should these procedures become necessary during the course of the study, I will submit an Animal Use Protocol for IACUC approval prior to initiating any changes.
- 4) All personnel, including students, involved in this study have received proper training appropriate to the nature and scope of the study to ensure that the health and safety of animals and persons in the field are not compromised.

NOTE: If your study is assigned exempt status, you are not required to apply for renewal unless there are changes in the project. If the methods of the study are altered in any way, submit a new Exemption Form for reevaluation of exempt status. If the changes no longer satisfy the criteria for exemption from IACUC approval, submit an Animal Use Protocol, instead of this form. The revised study must be certified as exempt or approved by the IACUC before changes are implemented.

PI Signature: _____ **Date:** _____

IACUC Chair Signature: _____ **Date:** _____