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**Notice for Use of Avian Embryos**

*Please submit electronically in Word format to* *IACUC@uwlax.edu**..*

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| **Section I: General Information** |

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| **A. Project Title** |
| Click or tap here to enter text. |

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| **B. Principal Investigator or Course Instructor** |
| Name (Last, First, MI):  | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. |
| Office Room Number & Building: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Work Phone #: | Click or tap here to enter text. |
| Cell Phone #: | Click or tap here to enter text. |

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| **Section II: Avian Embryo Use Summary** |

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| **A. Avian species to be used:** |
| Click or tap here to enter text. |

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| **B. Building and room number(s) where avian embryo use will occur:** |
| Click or tap here to enter text. |

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| **C. Embryo age(s) at use:** |
| Click or tap here to enter text. |

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| **D. Age at which unused embryos will be euthanized:** |
| Click or tap here to enter text. |

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| **E. Method(s) of euthanasia of embryos <80% incubation (E16 or younger for chicken embryos)** |
| Click or tap here to enter text. |

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| **F. Procedures for euthanasia in the event of unexpected hatching:** |
| Click or tap here to enter text. |

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| **Section III: Principal Investigator Assurance** |

I have read the UWL IACUC policy on the “**USE AND EUTHANASIA PROCEDURES OF AVIAN EMBRYOS**,” and agree to abide by it.

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|  | Click or tap to enter a date. |
| **Principal Investigator Signature** | **Date** |

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| **For IACUC Use Only** |

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|  | Click or tap to enter a date. |
| **IACUC Chair Signature** | **Date** |