



Principal Investigator Assurances

- Initials • I attest that the information contained in this registration is accurate and complete.
- Initials • I agree to comply with all Texas A&M University-San Antonio (A&M-SA) Institutional Animal Care and Use Committee (IACUC) requirements regarding research involving live vertebrate animals.
- Initials • I agree not to initiate any research subject to IACUC approval without prior approval from the IACUC.
- Initials • I agree to inform all personnel working in the laboratory that potentially all vertebrate animals produce allergens and cohabit with microorganisms can be pathogens under certain conditions. All personnel are provided with training in relevant techniques and the proper disposal of biohazardous materials.
- Initials • I agree the discomfort of animals will be limited to that which is unavoidable. Analgesic, anesthetic, and tranquilizing drugs will be used where indicated and appropriate to minimize pain and discomfort. Except as specifically described in this protocol, veterinary care will be provided to animals showing evidence of pain and discomfort.
- Initials • I acknowledge my responsibility if animal use or procedures described in this protocol should need to be revised or amended, I will notify the IACUC and gain IACUC approval for the amendments PRIOR to implementation following [SOP 110](#). I understand that my failure to report significant changes may place the university and myself in violation of regulations and may result in the suspension of my animal activities.
- Initials • I will notify the IACUC regarding ANY unexpected results that adversely impact the animals in this protocol. Any unanticipated pain or distress, morbidity or mortality will be reported to the Attending Veterinarian (or designee) and the IACUC.
- Initials • I understand that the approval of this AUP in no way obligates the IACUC or the university to guarantee animal housing space, animals and/or equipment used to conduct the project.
- Initials • As required by regulations, I assure that the activities described herein do not unnecessarily duplicate previous procedures/projects.
- Initials • If the protocol is funded by a grant, I assure all procedures described in this protocol are covered by the grant.

All signatures are required prior to submission.

Signature of PI

Date

Printed Name

Signature of Chair

Date

Printed Name

Signature of Dean

Date

Printed Name