This form should be used to request IACUC exemption and submitted to [IACUC@nku.edu](mailto:IACUC@nku.edu).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Faculty Member Name |  | Date | |  | |
| Department |  | | | | |
| Title of the Project |  | | | | |
| Faculty Member Signature |  | Species | | |  |
| Funded By | N/A | |  | | |

Please select the reason for IACUC exemption:

|  |  |
| --- | --- |
|  | This project is being conducted at a collaborator’s institution and will be reviewed by that institution’s IACUC. Please provide contact information (name and email address) for the collaborator and IACUC manager, and identify the institution/department where the work will be conducted, the current IACUC number, and protocol end date.  COLLABORATOR:  IACUC MANAGER:  INSTITUTION:  CURRENT IACUC NUMBER AND PROTOCOL END DATE: |
|  | Projects where domesticated vertebrates are only observed and kept under generally accepted agricultural management practices. |
|  | Project where animals/wild vertebrates are observed undisturbed in their natural habitat. |
|  | Project where animals/vertebrates are observed undisturbed in facilities with established IACUC policies and procedures (e.g. zoos, aquaria). |
|  | Project that uses vertebrate non-mammalian embryos that are less than the half-way point of the incubation period. |
| BRIEF DESCRIPTION OF THE PROJECT (to be evaluated by the IACUC to determine whether it qualifies for the exemption listed above): | |
|  | |

Approval Information - IACUC Administration Only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Date Approved |  |
| Approved by | IACUC Administrator IACUC Chair IACUC Member | | |
| Signature of Approver |  | | |