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| --- | --- |
| Principal Investigator Name |  |
| Title of the Project |  |

This form should be used for all IACUC research, classroom/teaching, and/or wildlife protocols if the Principal Investigator will rely on someone other than the IACUC appointed Veterinarian some or all of the time.

Part 1: To be filled out by the Principal Investigator

[ ]  I am requesting to use an alternate veterinarian for this protocol.

[ ]  I am requesting to use an alternate veterinarian and use the IACUC Veterinarian.

|  |
| --- |
| Please explain why you will use an alternate veterinarian for some or all this protocol. |
|  |

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| --- |
| Please include the Alternate Veterinarian’s Information below. |
| Veterinarian Name |  | Veterinarian Email Address |  |
| Veterinarian Phone (Office)  |  | Veterinarian Phone (Cell) |  |
| Veterinarian Office Address |  |

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Principal Investigator (Signed) Date

Part 2: To be filled out by the Alternate Veterinarian

[ ] I understand that as the Alternate Veterinarian for this research protocol, I may be contacted to consult on issues related to the care and use and animals for this protocol.

[ ] I understand that as the Alternate Veterinarian for this protocol that I am required to follow all of the NKU IACUC policies and procedures in conjunction with the Office of Lab Animal Welfare policies and procedures.

[ ] I understand that this role does not involve compensation.

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Veterinarian Name (Printed)

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Veterinarian Name (Signed) Date