

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
Committee Response Form for Protocol Review

Project Title: # _____

Instructor/Supervisor/Investigator: _____

Date Submitted: _____ Date Due: _____

_____ I do approve the protocol as submitted

_____ I do not approve the protocol and request a full committee review

_____ I conditionally approve the protocol as submitted. The protocol can be fully approved if the investigator satisfactorily answers the minor questions below.

Comments/Questions:

Signature: _____ Date _____

Return to: Laurie Princiotto, IACUC Secretary
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