

SECTION M. NON-INVASIVE, ARCHIVED SPECIMEN, AND/OR RECORDS REQUEST

I understand that this is a request for data (e.g., animal records, photos, videos), water samples, environmental samples, non-living diet or prey items, and/or archived or banked tissue samples. All other requests involving live animal research are required to complete a full IACUC proposal.

M1. PERSONNEL INFORMATION

Project Title:

Principal Investigator	
Institution/Department	
Mailing address (for sample shipment)	
Office phone	
Cell phone	
Email address	
Funding Source	

M2. SPECIMEN REQUESTED

- | | | |
|--|---|--|
| <input type="checkbox"/> Water sample

<input type="checkbox"/> Diet/prey sample

<input type="checkbox"/> Photo/Video (archived)

<input type="checkbox"/> Other - Not Listed, explain: | <input type="checkbox"/> Animal records (specify):
<input type="checkbox"/> morphometrics
<input type="checkbox"/> feeding
<input type="checkbox"/> water chemistry/
environmental / LSS

<input type="checkbox"/> Archived tissue (specify):
<input type="checkbox"/> plasma
<input type="checkbox"/> serum
<input type="checkbox"/> muscle | <input type="checkbox"/> medical
<input type="checkbox"/> behavioral
<input type="checkbox"/> other, explain:

<input type="checkbox"/> necropsy
<input type="checkbox"/> other, explain: |
|--|---|--|

Describe the sample request in detail, including target species, sample volumes, preservation methods, storage and shipping requirements:



INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

APPLICATION FOR ANIMAL USE

M3. SCIENTIFIC OBJECTIVES

Please briefly describe the project scope and main objectives and how this request will achieve these objectives:

M4. TIMEFRAME AND DURATION OF PROJECT

Please specify the time frame (dates), frequency, and duration of your request:

M5. PROCEDURE/SPECIMEN NEEDS

Are there any specialized instructions or sampling equipment required to meet this request?

- No
- Yes, please explain:

M6. SHIPPING AND PERMITS

If samples are to be shipped, please provide shipping details, preferred carrier, and account numbers.

- Shipping is not required.
- Yes, shipping is required:

Shipping details (name of recipient, address, email, phone number):

Carrier	Account #

Do the requested samples require a permit for transfer:

- No.
- Yes, please explain and provide copies of applicable permits or authorizations (e.g., NMFS, USFWS, CITES):

M7. DATA END USE

Will this data be used for scientific publication, conference presentation, or other publishing?

- No.
- Yes, please explain:

How will Georgia Aquarium be represented:

- Acknowledgement
- Co-authorship
- Both
- Neither

M8. TERMS AND CONDITIONS

Georgia Aquarium Inc. hereby releases, acquits and forever discharges **[RECIPIENT]**, its parent company, and the parent, related, affiliated and subsidiary companies of each, and the directors, officers, employees, agents and assigns of each (collectively, "Releasees") of and from any and all rights, claims, demands, liabilities, judgments, suits, expenses, actions, causes of action, damages, costs, losses, compensation, contracts, agreements and debts (including, without limitation, attorneys' and consultants' fees and costs) (collectively, "Claims"), which Georgia Aquarium Inc. may now have or may hereafter have against the Releasees arising out of or related to the Materials.

[RECIPIENT] hereby releases, acquits and forever discharges Georgia Aquarium Inc., its parent company, and the parent, related, affiliated and subsidiary companies of each, and the directors, officers, employees, agents and assigns of each (collectively, "GAI Releasees") of and from any and all rights, claims, demands, liabilities, judgments, suits, expenses, actions, causes of action, damages, costs, losses, compensation, contracts, agreements and debts (including, without limitation, attorneys' and consultants' fees and costs) (collectively, "Claims"), which **[RECIPIENT]** may now have or may hereafter have against GAI Releasees arising out of or related to the use of the Materials by **[RECIPIENT]**.



INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE APPLICATION FOR ANIMAL USE

M9. AGREEMENT TO TERMS AND CONDITIONS:

Applicant Signature: _____

Date:

M10. SPONSOR

This section is required if the applicant is not a university faculty member, research scientist or health professional.

Name	
Title	
Affiliation	

Sponsor Signature: _____

Date:

M11. Information Release

Georgia Aquarium’s IACUC has a legal responsibility to protect all information related to research and to not release it to anyone outside of the IACUC, the Principal Investigator, or the research team except (1) with written permission from the Principal Investigator; (2) if necessary for animal care staff to perform critical functions, such as care and treatment or the approved research activities; or (3) as required for active investigations by local, state, or federal law enforcement or regulatory agency (e.g., USDA, NOAA, USFWS).

Please note which of the following Information Release statements you feel most comfortable with:

- No details of this project may be shared unless it meets one of the three exceptions.
- Details of the project may be shared with any Georgia Aquarium personnel for the purpose of inter-department collaboration.
- Details of the project may be shared freely with anyone who requests the information.

This form should be e-mailed to iacuc@georgiaaquarium.org