All necessary documents must be submitted to iacuc@georgiaaquarium.org as Word documents once completed. Hard copies, scanned hard copies, and faxed copies of applications will not be accepted.

**SECTION M. SPECIMEN OR DATA 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 or requests for new samples are required to complete a full IACUC proposal.

**M1. PERSONNEL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| Protocol Title: |       |
|  |
| Principal Investigator: |       | Institution/Department: |       |
|  |
| Office Phone: |       | Cell Phone: |       |
|  |
| E-mail Address:  |       | Funding Source: | Choose an item. |
|  |

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**M2. SPECIMEN REQUESTED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **[ ]** Water sample | **[ ]**  Animal records (specify): |
|  |  |  |
| **[ ]** Diet/prey sample | **[ ]**  morphometrics | **[ ]**  medical |
|  |  |  |
| **[ ]** Photo/Video (archived) | **[ ]**  feeding | **[ ]**  behavioral |
|  |  |  |
| **[ ]** Other - Not Listed, explain: | **[ ]**  water chemistry / environmental / LSS | **[ ]**  other, explain: |
|  |  |  |
|       |       |
|  |  |
| **[ ]**  Archived tissue (specify): |
|  |  |
| **[ ]**  plasma | **[ ]**  necropsy |
|  |  |
| **[ ]**  serum | **[ ]**  muscle |
|  |  |
| **[ ]**  other, explain: |
|  |
|  |       |
|  |  |
| Describe the sample request in detail, including target species, sample volumes, preservation methods, storage and shipping requirements: |
|  |  |
|  |       |
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**M3. SCIENTIFIC OBJECTIVES**

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| Please briefly describe the project scope and main objectives and how this request will achieve these objectives: |
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**M4. TIMEFRAME AND DURATION OF PROJECT**

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| Please specify the time frame (dates), frequency, and duration of your request: |
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**M5. PROCEDURE/SPECIMEN NEEDS**

|  |  |  |  |  |  |  |  |
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| --- |
| Are there any specialized instructions or sampling equipment required to meet this request? **[ ]**  No**[ ]**  Yes, please explain: |
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**M6. SHIPPING AND PERMITS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- |
| 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):  |
|  |
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**M7. DATA END USE**

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| --- |
| 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 |
|  |  |

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**M8. TERMS AND CONDITIONS**

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| --- |
| 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**]. |

**M9. SUPPLEMENTAL APPROVALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| All principal investigators must collaborate with Georgia Aquarium’s animal departments prior to submitting a request to the IACUC. This collaboration can be established by e-mailing the Research and Conservation Department at (gairesearch@georgiaaquarium.org). **If your request includes the use of animal records and/or archived samples, you must receive approval from the appropriate entities below. Applications that do not have the appropriate code(s) will be immediately sent back to the submitter:** |
|  |
| 1. Research & Conservation Director (All):
 |       |
|  |  |
| 1. Compliance Officer (Animal Records):
 |       |
|  |  |
| 1. Animal Health Vet or Manager (Archived Samples from GAI Animals):
 |       |
|  |  |
| All principal investigators that are employees of Georgia Aquarium must also have their supervisor’s approval to conduct research at Georgia Aquarium, at partner facilities, or in the field. By providing the information of your supervisor below, you are certifying that you have obtained such approval to submit this research request: |
| Name: |       |  Title: |       |
|  |  |
| **[ ]** I am not an employee of Georgia Aquarium. |
|  |  |

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**M10. SPONSOR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| This section is required if the applicant is not a university faculty member, research scientist, or health professional. |
|  |  |
| Name: |       | Date: |       |
|  |
| Title: |       | Sponsor Signature:To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. |
|  |
| Affiliation: |       |  |
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**M11. INFORMATION RELEASE**

Georgia Aquarium’s IACUC has a legal responsibility to protect all information related to trade secrets and proprietary information and to not release such information unless it has met the criteria outlined in the IACUC’s policies. In working with Georgia Aquarium, all information related to research may be openly shared with internal personnel, the scientific community, and/or the public at any time. Projects that do not allow information sharing will not be approved by the IACUC.

|  |
| --- |
| **[ ]** I understand, and agree, that Georgia Aquarium may share information about this research project. |

**M12. AGREEMENT TO TERMS AND CONDITIONS**

I have carefully reviewed, understand and agree to all the above agreement clauses (required for a submission) for:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Project Title:  |       |
|  |  |
| Ideal Project Start Date (Not Guaranteed): |       |
|  |  |
| Principal Investigator Signature:To insert your signature, hover over and click on the photo icon to the right and select a saved photo of your signature.  |  |
|  |  |

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