*For Office Use Only*

|  |  |
| --- | --- |
| **Protocol ID:** | → Response Here |

**LEVEL 1 APPLICATION COVER SHEET**

Thank you for expressing interest in doing research\* with Georgia Aquarium. To ensure that there are no unnecessary delays in the processing and review of your submission, please make sure that you read all instructions throughout the application carefully before submitting your request.

Prior to completing and submitting an application, you must discuss the feasibility of the proposed project and whether it aligns with the aquarium’s research goals with Georgia Aquarium’s Research and Conservation Department. All Principal Investigators must collaborate with Georgia Aquarium’s compliance, research, and/or veterinary departments prior to submitting a Level 1 (Short) Application to the IACUC. This collaboration can be established by e-mailing the Research and Conservation Department at ([gairesearch@georgiaaquarium.org](mailto:gairesearch@georgiaaquarium.org)).

**Applications that do not have the appropriate code(s) will be immediately sent back to you.**

Once you have worked with the Research & Conservation Department to select and complete the correct forms, please submit them as Word documents to [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org).

**Pre-Approvals Required:**

|  |  |  |
| --- | --- | --- |
| 1. **Research & Conservation Director**\***:** All submissions to the IACUC must have an approval code from this director and a GAQ “Projects and Partnerships Request Summary” on file. | → Code Here | |
|  |  |  | |
| 1. **Animal Care Director:** Any submission that includes observation of animals being housed at Georgia Aquarium. | → Code Here | |
|  |  |  | |
| 1. **Registrar:** Any submission that includes a request for animal or habitat records (not including wild populations). | → Code Here | |
|  |  |  | |
| 1. **Animal Health Veterinarian or Manager:** Any submission that includes a request for archived samples from animals being housed and/or owned by Georgia Aquarium. | → Code Here | |

**Supervisor Support:**

All Principal Investigators who are employees of Georgia Aquarium must obtain their supervisor’s approval prior to conducting research at Georgia Aquarium, partner facilities, or in the field. By providing the name and title of your supervisor below, you are certifying that this approval has been obtained.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | → Response Here |  | Title: | → Response Here |

Select One:\*

|  |  |  |
| --- | --- | --- |
|  | I understand that I must copy my supervisor on the submission of this application to the IACUC. | |
|  |  |  | |
|  | I am not an employee of Georgia Aquarium. | |

\* “Research” includes elements of research, testing, or teaching procedures that involve live and/or dead animals, their samples, or their parts.

**SECTION A. ADMINISTRATIVE**

**A1. Principal Investigator**\*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Protocol Title:\* | → Response Here | | | | | | | | |
|  | | | | | | | | | |
| Principal Investigator:\* | | | → Response Here | Institution/Department:\* | | | | → Response Here | |
|  | | | | | | | | | |
| Office Phone: | → Response Here | | | | Cell Phone:\* | → Response Here | | | |
|  | | | | | | | | | |
| Email Address:\* | | → Response Here | | | | | Funding Source:\* | | Choose an item. |
|  | | | | | | | | | |

**A2. Study Type**\*

|  |
| --- |
| Select (1) study type below. If your request does not fit within one of the definitions below, you likely need to complete a Level 2 (Full) Application or an application may not be required. Please contact [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org). |

|  |  |  |
| --- | --- | --- |
|  | **Archived Sample Request**: Request for previously collected and stored biological specimens from animals or diet/prey, or newly collected and/or stored environmental samples. *(Skip to Section B2)* | |
|  |
|  |  |  | |
|  | **Archived Data Request**: Request for access to and/or use of animal records, photos, videos, research data, or similar materials for purposes other than the direct care and management of Georgia Aquarium’s animal collection. *(Skip to Section B4)* | |
|  |
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|  |  |  | |
|  | **Observational (B Pain Only)**: Research involving the collection of data without manipulation or interference with an animal. This includes studies conducted at Georgia Aquarium or in the field, where animals are observed in their natural or managed environments without direct interaction or alteration of conditions. | |
|  |
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|  |  |  | |
|  | **Technical Expertise on External Projects**: Projects in which Georgia Aquarium staff are invited to provide technical expertise or support to external research initiatives, without assuming a formal research role. These engagements may or may not be funded, do not involve the intent of Georgia Aquarium to produce a research product (e.g., publication, co-authorship, or presentation), and staff participation is limited to short-term or task-specific assistance within their qualifications. | | |
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|  |  |  | |
|  | **Animal Handling by GAQ Staff at Other Institutions (C Pain Only)**: Research involving any form of physical contact, behavioral manipulation, or environmental interference with animals that takes place at a zoological institution other than Georgia Aquarium, when the methodology is classified under USDA pain categories B or C. For this purpose, a zoological institution is defined as a facility that houses animals for exhibition, education, or conservation purposes and has an on-site veterinarian. | |
|  |
|  |
|  |

**A3. Emergency Veterinarian Contact**\*

In case the animal(s) is/are observed in distress, the following person(s) should be contacted:

|  |  |  |
| --- | --- | --- |
|  | **At Georgia Aquarium or Wild Populations**: Dr. Matt O’Connor, Director of Animal Health & Nutrition; 404-581-4341(o), 530-400-6057(c), [moconnor@georgiaaquarium.org](mailto:moconnor@georgiaaquarium.org). In the event that Dr. O’Connor is not available, please contact the Georgia Aquarium Veterinarian on Duty at 404-581-4180. | |
|  |
|  |
|  |  |  | |
|  | **At Other Institution:** The veterinarian listed below will be contacted — | |

## + Add Veterinarian Contact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name:\* | → Response Here | | | | |
|  | | | | | |
| Office Phone: | | → Response Here | | Cell Phone:\* | → Response Here |
|  | | | | | |
| Email Address:\* | | | → Response Here | | |
|  | | | | | |

**A4. Animal Care Point of Contact**\*

All projects taking place onsite at Georgia Aquarium that involve animal use must identify a point of contact from one of Georgia Aquarium’s animal care teams. This individual will serve as an additional liaison between Georgia Aquarium’s IACUC and the Research Team and must execute their responsibilities, as outlined in the IACUC’s Policies and Procedures.

|  |  |  |
| --- | --- | --- |
| Name:\* | → Response Here | |
|  | | |
| Position:\* | | → Response Here |
|  | | |
| Team:\* | | → Response Here |

**A5. Renewal Protocol**\*

1. Does this application renew an existing protocol?

|  |  |  |
| --- | --- | --- |
|  | No | |
|  |  |  | |
|  | Yes, see protocol summary below — | |

## + Add Protocol Summary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Protocol ID:\* | | → ID # |  | Number of Animals Used\* | → # |
|  | |  |  |  |  |
| a. Briefly describe your findings thus far:\* | | | | | |
|  | | | | | |
| → Response Here | | | | |
|  | | | | | |
| b. Describe any adverse events:\* | | | | | |
|  | | | | | |
| → Response Here | | | | |
|  | | | | | |
| c. Were any non-target protected species handled as bycatch? If yes, please describe which species, approximate age, how many, and their state upon release (e.g., alive or dead).\* | | | | | |
|  | | | | | |
| → Response Here | | | | |

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**SECTION B. RESEARCH REQUEST SCOPE**

**B1. Scientific and Species Justification**\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Specify the location(s) where the study will take place:\* | | | | | | |
|  | | | | | | |
| → Response Here | | | | | |
|  | | | | | | |
| 2. Select the USDA Pain Category that applies to this request: \* | | | | | | Choose an item. | |
|  | | | | | | |
| 3. Briefly describe in lay terms the purpose of this animal study and the potential scientific benefit of the proposed study with respect to human or animal health, the advancement of knowledge, or the good of society. Please spell out acronyms at first use.\* | | | | | | |
|  | | | | | | |
| → Response Here | | | | | |
|  | | | | | | |
| 4. Summarize the primary objective(s) of this study in bullet-point form, including the desired species (common and scientific name) being studies or affected.\* | | | | | | |
|  | | | | | | |
| → Response Here | | | | | | |
|  | | | | | | |
| 5. Does this project involve scuba diving?\* | | | | | | |
|  | | | | | | |
|  | Yes |  | No |

**B2. Archived Samples Requested**

*Skip if you are not making an archived sample request.*

1. Select Applicable Samples Below:\*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Water Sample |  | Archived tissue (specify): | | | | | | |
|  | | | | | | | | | | |
|  | Diet/Prey Sample |  |  | Plasma | |  |  | Necropsy | |
|  | | | | | | | | | | |
|  | Other – Not Listed, Explain: |  |  | Serum | |  |  | Muscle | |
|  | | | | | | | | | | |
|  | → Response Here |  |  | Other Archived Tissue, Explain | | | | | |
|  | | | | | | | | | | |
|  | | | | | → Response Here | | | |

2. Describe the sample request in detail, including target species, sample volumes, preservation methods, and storage requirements:\*

|  |
| --- |
| → Response Here |

**B3. Archived Sample Handling & Shipping**

*Skip if you are not making an archived sample request.*

1. Is shipping of the samples required?

|  |  |  |
| --- | --- | --- |
|  | No | |
|  |  |  | |
|  | Yes, see shipping details below — | |

## + Add Shipping Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recipient Name:\* | → Response Here |  | Phone Number:\* | → Response Here |
|  | | | | |
| Recipient Address:\* | → Response Here | | | |
|  | | | | |
| Recipient Email:\* | → Response Here | | | |
|  | | | | |
| Carrier:\* | → Response Here |  | Account Number\* | → Response Here |

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**B4. Archived Data Requested**

*Skip if you are not making an archived data request.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. To help us fulfill your request accurately, please provide a detailed description of the specific records you need. Be sure to include the species involved, the type of data or documentation required (e.g., medical history, transport records, behavioral observations), and the exact time period or date range you are interested in.\* | | | | |
|  | | | | |
|  | → Response Here | | | |
|  | | | | |
| 1. Please also indicate who will be responsible for retrieving and providing these records, as the individual identified may impact the IACUC’s ability to support or fulfill the request.\* | | | | |
|  | | | | |
|  | IACUC Administration Team | |
|  | | | |
|  | Georgia Aquarium Representative: | → List Name |

**B5. Data and Media End Use**\*

1. Will the data collected and/or requested be used for scientific publication, conference presentation, or other publishing?\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No | |  | |
|  |  |  | |  | |
|  | Yes, please explain: | | → Response Here | |

1. How will Georgia Aquarium be represented?\*

|  |  |  |
| --- | --- | --- |
|  | Acknowledgement | |
|  |  |  | |
|  | Co-Authorship | |
|  | | | |
|  | Both | |

1. Will images/video be taken of live animals for scientific purposes/publication?\*

|  |  |  |
| --- | --- | --- |
|  | No | |
|  |  |  | |
|  | Yes, Animals at Georgia Aquarium | |
|  | | | |
|  | Yes, Animals at Other Locations or Wild Populations | |

**B6. Multi-Institution Collaboration**\*

1. Does this research involve multi-institutional collaboration in which Georgia Aquarium is playing a supporting or partner role?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | | | | |
|  |  | | | | |
|  | Yes | | | | |
|  |  | | | | |
|  | 1. List all institutions who are involved. | | | | |
|  |  | | | | |
|  | | | → Response Here | | |
|  |  | | | | |
|  | 1. Provide the following information for the Point of Contact at the institution leading this project: | | | | |
|  |  | | | | |
| **First and Last Name:** | | → Response Here |
|  | |  |
| **Phone:** | | → Response Here |
|  | |  |
| **Email:** | | → Response Here |

**SECTION C. REGULATORY COMPLIANCE**

**C1. Permits**\*

1. Are local, state, federal, or international permits or other authorizations required for the proposed activities (e.g., animal observations, transfer of samples, etc.)?\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No, permits or other authorizations are not required. | | | |
|  |  |  | | | |
|  | Yes, permits or other authorizations are required for the proposed activities. | | | |
|  |  |  | | | |
|  | I understand that the IACUC cannot issue an approval letter until copies of all required permits or authorizations have been sent to the IACUC.\* *(Not Required for Technical Expertise Projects)* | |
|  |
|  |  |  | | | |
|  |  | | | → List Permit(s) and the Issuing Agency Here | | |

**C2. Terms and Conditions**\*

|  |  |  |
| --- | --- | --- |
|  | **Principal Investigator Responsibility**\***:** I understand that I am responsible for the protocol-specific training and oversight of all individuals authorized under this protocol, or exempted, to participate in this research. I am also responsible for ensuring that all individuals listed on the research participant list are fully knowledgeable about the approved protocol and have been made aware of the terms and conditions outlined herein. | |
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|  | **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. However, in working with Georgia Aquarium, all non-exempted information related to this 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. | |
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|  | **GAQ Research Guidelines and IACUC Policies**\***:** All Principal Investigators are expected to adhere to the requirements outlined in Georgia Aquarium’s Research Guidelines and the IACUC’s Policies, as posted to Georgia Aquarium IACUC’s website. Failure to comply with these guidelines constitutes non-compliance under the purview of the IACUC. | | |
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|  | **Amendments**\***:** Any proposed changes to an approved protocol must be submitted to the IACUC using the GAQ IACUC Amendment Form. Approval must be obtained **prior** to implementing any modifications to activities covered under the protocol. | |
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|  | **Project Completion**\***:** The IACUC will assume that all data or sample requests are expired after 1 year and all observational and animal handling projects are expired after 3 years, unless such requests are otherwise renewed. | |
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|  | **Media Policy**\***:** Any use of photography or videography obtained while conducting research under Georgia Aquarium’s name must be reviewed and approved by Georgia Aquarium’s Marketing Department prior to use. The Marketing Department can be reached at [digitalmedia@georgiaaquarium.org](mailto:digitalmedia@georgiaaquarium.org) and [media@georgiaaquarium.org](mailto:media@georgiaaquarium.org). | |
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|  | **Data Agreement:** (for data requests only) I understand that as part of the IACUC’s approval to release the requested data, I must have a signed Data Sharing Agreement on file. | |
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|  |  |  | |
| ----------------------------- For Observational, Animal Handling, and Technical Expertise Only ------------------------------ | | | |
|  | **Animal Welfare**\***:** All activities will be conducted under an IACUC-approved protocol and in compliance with the Animal Welfare Act, Animal Welfare Regulations, and recognized professional best practices for animal welfare, regardless of the species’ regulatory status under the USDA. | |
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|  | **Unanticipated Event Reporting**\***:** The IACUC must be notified of any unanticipated outcomes related to animal use, including but not limited to distress, pain, or mortality. These events must be reported within 48 hours using the GAQ IACUC Unanticipated Event Report Form. | |
|  |
|  |
|  | **Amendments**\***:** Any proposed changes to an approved protocol must be submitted to the IACUC using the GAQ IACUC Amendment Form. Approval must be obtained **prior** to implementing any modifications to activities covered under the protocol. | |
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|  |  |  | |
|  | **Non-Compliance**\***:** Any non-compliance with an approved protocol and/or an applicable policy will be handled pursuant to the IACUC’s Policies, Section J (October 2025 ed.). | |
|  |
|  |  | |
| ------------------------------------------- For Observational and Animal Handling Only ------------------------------------------- | | | |
|  |  |  | |
|  | **Principal Investigator Responsibility**\***:** I understand that I am responsible for the protocol-specific training and oversight of all individuals authorized under this protocol, or exempted, to participate in this research. I am also responsible for ensuring that all individuals listed on the research participant list are fully knowledgeable about the approved protocol and have been made aware of the terms and conditions outlined herein. | |
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|  | **Recordkeeping**\***:** I understand that accurate and complete recordkeeping is essential across all research settings. This includes documenting procedures, animal observations, environmental conditions, and material usage, as appropriate to the approved methodology. I acknowledge that inadequate records may compromise the Committee’s ability to verify compliance, assess animal welfare, and ensure adherence to regulatory standards. | |
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|  | **Emergency Veterinary Care**\***:** I understand that in cases of necessary medical treatment or distress, the housing institution’s veterinary team is authorized to provide treatment required to sustain life, or if necessary, provide humane euthanasia to prevent unapproved distress and/or pain. The housing institution’s veterinary staff will contact me as soon as possible, but I understand that such contact may not always be possible prior to providing treatment/euthanasia. For wild populations, I will contact Georgia Aquarium’s veterinary team for consultation on providing emergency veterinary care. | |
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|  | **Duplication & OHSP**\***:** I have determined that the research proposed is not unnecessarily duplicative and confirm that all individuals working on this protocol have been assessed for health risks and are participating in an appropriate Occupational Health & Safety Program. |
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|  | **Post-Approval Monitoring**\***:** I understand that all protocols, research areas, research personnel, and study animals are all subject to inspections by the IACUC at any time, including projects on wild populations. |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Ideal Project Start Date (Not Guaranteed):\* | | → Response Here | |
|  | | |  | |
| 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. |  | | | |
|  | | |  | |

**C3. Sponsor**\*

This section is required if the Principal Investigator is not a university faculty member, degreed research scientist, or veterinarian. Sponsors must be a university faculty member, degreed research scientist, or veterinarian and will serve as an advisor to the Principal Investigator during the execution of this work.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name:\* | → Response Here | | Date:\* | | → Response Here | | |
|  | | | | | |
| Title:\* | → Response Here | | Sponsor Signature:\*  To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. | | | |
|  | | | | | | | |
| Affiliation:\* | → Response Here |  | |  | | | | |