Institutional Animal Care and Use Committee

Inter-institutional Agreement Form (IIA)

This form must be completed in cases where animal-based research is to take place at an institution other than Saint Louis University (SLU) and where SLU is funding the research activity (either directly or through the sub-contracting of a sponsored project), or where SLU personnel are directly participating in the research involving live vertebrate animals at said other institution. This form is designed to serve as a written agreement between SLU and the Collaborating Institution addressing the responsibility for animal care and use and IACUC (or equivalent) review and oversight.

***No work may commence and no funds will be released until this form is fully executed.***

|  |  |
| --- | --- |
| **Name of SLU Investigator:** | Click here to enter name of SLU Investigator. |

|  |  |
| --- | --- |
| **Name of Collaborating Institution Investigator:** | Click to enter Name of Collaborating PI. |

|  |  |
| --- | --- |
| **Name of Collaborating Institution:** | Click here to enter Collaborating Institution. |

Saint Louis University and (Collaborating Institution) agree that ***Saint Louis University*** may rely on the designated IACUC of Click here to enter Collaborating Institution. (Collaborating Institution Name) for the review and continuing oversight of its use of animals for the project described below:

**SLU funded PI must complete the following:**

|  |  |
| --- | --- |
| **Grant or Research Project Title:** | Click here to enter Project Title. |
| **Name of Principal Investigator:** | Click here to enter name of PI on Grant. |
| **Sponsor/Funding Agency (if any):** | Click here to enter Agency. |
| **Sponsor’s Award Number (if any):** | Click here to enter Award Number |

**PI at the *Collaborating Institution* must provide the following specific protocol(s) information for this project:**

|  |  |
| --- | --- |
| **IACUC Protocol Title:** | Click here to enter Title. |
| **IACUC Protocol Approval #:** | Click here to enter Protocol Number. |
| **IACUC Protocol Approval Date:** | Click here to enter Approval Date. |

|  |  |
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| **Collaborating Institution USDA Registration # (as applicable):** | Click enter USDA Reg #. |

|  |  |
| --- | --- |
| **Collaborating Institution PHS Animal Welfare Assurance # (as applicable):** | Enter Assurance#. |

|  |  |
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| **Collaborating Institution AAALACi Accreditation Status (as applicable):** | Enter Status. |

**Please provide a brief description of the nature of the collaboration in the space below.**

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| Click here to enter short project description. |

* The SLU IACUC requires that Collaborating Institutions not located in the US provide a copy of the approved animal care and use protocol (or equivalent).

Collaborating Institution agrees to immediately (defined as within 24 hours), notify Saint Louis University at Grants@SLU.edu in writing of any event that requires the Collaborating Institution to notify a federal agency of compliance violations including but not limited to:

* Expiration of associated animal use protocol(s)
* Suspension of associated animal use protocol(s) by the IACUC
* Notification of reporting of any incidents of non-compliance of the associated animal use protocol(s) with PHS Policy, the *Guide for the Care and Use of Laboratory Animals* or the Animal Welfare Regulations;
* Invalid constitution of collaborating institution IACUC
* Notification of change in PHS Assurance status or AAALACi Accreditation status;
* Or any other circumstance that invalidates the oversight of the Collaborating Institution’s IACUC relating to awards passed through Saint Louis University.

Completion of this document provides assurance that the review performed by the Collaborating Institution’s IACUC meets animal welfare requirements, however, the Saint Louis University IACUC may review this form and any attached documentation and determine, at its sole discretion, whether additional review is warranted.

**Signature Page**

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|  |  |  |  |  |  |  |
| Signature of Saint Louis University PI |  | Date |  | Signature of PI on Collaborating Institution Protocol  |  | Date |
| Click here to enter SLU PI. |  |  |  | Click enter Collaborating PI. |  |  |
| (Type or Print SLU PI Name) |  |  |  | (Type or Print Collaborating PI Name) |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Signature of Saint Louis University IACUC Chair |  | Date |  | Signature of Collaborating Institution’s IACUC Chair |  | Date |
| Click enter SLU IACUC Chair. |  |  |  | Collaborating IACUC Chair . |  |  |
| (Type or Print SLU IACUC Chair) |  |  |  | (Type or Print Collaborating IACUC Chair) |  |  |

Please complete the applicable fields on this document, including required signatures, and submit the partially completed agreement to grants@slu.edu . Once fully executed, a final copy will be provided to the collaborating institution.

*Saint Louis University Animal Welfare Assurance #: A3225-01*

*Saint Louis University USDA Registration #: 43-R-0011*

*AAALACi Accreditation: Saint Louis University is fully AAALACi Accredited.*