

LAWRENCE LIVERMORE NATIONAL LABORATORY

**National Resource for
Biomedical Accelerator Mass Spectrometry**

Bldg.: 361 Mail Stop: L-452 Ext.: 2-5732

COOPERATIVE STUDIES

VERTEBRATE ANIMAL USE NOTIFICATION AND APPROVAL

Vertebrate animal tissues provided by an investigator who is not an employee of LLNL and where animal research is not conducted at or funded by LLNL, may not be received by LLNL until appropriate documentation of current review and approval by an Institutional Animal Care and Use Committee (IACUC) has been provided to LLNL.

Attached is the form for cooperative work between the National Resource for Biomedical Accelerator Mass spectrometry at LLNL and another non-LLNL investigator.

This form needs to be completed by the requesting investigator and submitted along with a copy of the letter giving institutional animal use committee approval for the proposed use of vertebrate animals, as noted on the form. Electronic versions of this form are available on the BioAMS website: <http://www.llnl.gov/bioams/>, or may be obtained by contacting Mike Malfatti at 925-422-5732 or by E-mail at malfatti1@llnl.gov.

LAWRENCE LIVERMORE NATIONAL LABORATORY

**National Resource for
Biomedical Accelerator Mass Spectrometry
(AMS)**

VERTEBRATE ANIMAL USE NOTIFICATION AND APPROVAL

To be completed by non-LLNL investigators when animals in a study are not housed at LLNL and the study is not funded by LLNL. Attach this form and copies of documentation of approval of the proposed studies from the institution's committee of oversight of vertebrate animal research to an Application for Access to the Resource. Send the completed forms to Mike Malfatti, L-452, LLNL, PO Box 808, Livermore, CA 94551. The Chairperson of the LLNL Institutional Animal Care and Use Committee (IACUC) will review the information and approval documentation for compliance with LLNL policies. A copy will be kept on file in the LLNL IACUC office for informational purposes only.

Investigator Name:	Phone Number:	
FAX:	E-mail:	
Institution Name:		
Address:		
Animal Use Protocol Title:		
Protocol #:	Approval Date:	Expiration Date:
(Additional Information):		

Institutional Animal Care and Use Committee, Animal Welfare Assurance No.:	
Committee Chairman (or person to contact if additional information is needed):	
Name:	Phone:
	FAX:
	E-mail:

LLNL AMS RESOURCE	Project No:		
Species of Animal:	No. Samples/yr.:	Start Date:	
Strain of Animal:	No. of Animals:		

LLNL AMS Manager:

Date

LLNL IACUC Chairperson:

Date