

**Confirmation of IACUC Approval  
Verification of Investigator Name**

Principal Investigator		UPN		Date	
Project Title					
		Agency			
IACUC Investigator		IACUC Approval #			

**Instructions:** This form should be used when a researcher wishes to engage in a study pursuant to an existing IACUC-approved protocol but he/she is not listed as an approved Co-Investigator for that protocol. This form will allow the IACUC to review and approve the researcher to participate as a Co-Investigator on the existing IACUC-approved protocol. This document must be completed and executed where indicated by the existing IACUC-approved Principal Investigator and the researcher. The existing IACUC-approved Principal Investigator must then submit the fully completed and executed form to the IACUC office. The IACUC will then review the form, and if approved, forward it to the Division of Sponsored Research (DSR).

**“I, the undersigned IACUC Investigator, certify that:”**

Co-Investigator(s)	
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The undersigned IRB Investigator and Co-Investigator promise to make no changes and/or deviations whatsoever, no matter how minor, from the existing IACUC-approved protocol. Should the need for changes and/or deviations from the existing IACUC-approved protocol arise, no matter how minor, the undersigned IACUC Investigator and/or Co-Investigator shall submit those changes for full IACUC review and approval *before they are implemented*. The undersigned IACUC Investigator and Co-Investigator further agree that if they at any time or for any reason change and/or deviate from the existing IACUC-approved protocol without first obtaining full IACUC review and approval, they will be subject to appropriate sanctions.

**IACUC Office:** Box 100142, Gainesville FL 32610-0142  
Phone (352) 392-9917 Fax (352) 392-9919

*Please Note: Additional information may be requested from the IACUC office. IACUC forms, instructions and deadlines are available on-line at <http://animaluse.ufl.edu>*

***“I, the IACUC Investigator, having read and agreed to the terms above, request the IACUC approve the Co-Investigator(s) to my protocol.”***

\_\_\_\_\_  
IACUC Investigator’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IACUC Approval

\_\_\_\_\_  
Date

Name:  
Title:

PI: Forward original to the IACUC office.

IACUC office: Forward one copy to Research and Graduate Programs/Division of Sponsored Research, Campus Box 115500 Phone 392-1582