

Institutional Animal Care and Use Committee
Cleveland State University

Sponsored Programs and Research Services

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IACUC CONGRUENCY REQUEST FORM

Principal Investigator of Protocol(s):
Principal Investigator of Proposal:
Contact Person*:
<i>*This person should be able to address questions about any discrepancies identified.</i>
Project Sponsor:
Title of Proposal:
IACUC Protocol Number(s):
Protocol Title(s):

For IACUC Use ONLY

The following items outlined in the grant/funding proposal are congruent with those approved in the protocol(s):

- Animal species, strains, age, sex, and approximate number of animals to be used
- Justification of species
- Procedures performed on animals
- Procedures to minimize pain and distress
- Veterinary care
- Methods of euthanasia

- Congruency confirmed/Approval date can be released
- Congruency not confirmed/Approval date(s) withheld until changes are made

IACUC Notes:

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Comparison performed by: _____ Date: _____