Inter-institutional Agreement for

Care and Use of Vertebrate Animals

Collaborations among institutions can bring greater expertise and resources to address vertebrate research, teaching or outreach objectives. However, such collaborations can result in uncertainty about which individuals and institutions are responsible for oversight and activities pertaining to the humane care, use and final disposition of vertebrate study subjects. Inter-institutional Agreements are intended to assure that collaborative activities using vertebrate animals receive appropriate Institutional Animal Care and Use Committee (IACUC) review, that all parties involved are aware of their respective roles in providing for humane care and use of study subjects, and that a communication system is in place to meet federally required compliance and reporting requirements (e.g., facility inspections, biannual review of protocols, protocol modifications).

Please note that federal and institutional animal care policies can vary with respect to the nature of the collaborating institutions, funding sources, study organism(s) and animal use contexts. Hence, this agreement is subject to review and approval by the SUNY ESF IACUC, the SUNY ESF Institutional Official, and a designated official from the collaborating institution. An agreement does not go into effect until a mutually agreed upon version of this document is signed by all parties and the designated IACUC committee(s) approves the associated protocol(s).

*(“CLICK” in gray boxes to add text)*

**Section 1: Institutional Animal Care Status**

|  |
| --- |
| **SUNY ESF:** |
| Name of ESF Primary Investigator seeking collaboration:  SUNY ESF USDA Registration #: 21-R-0024  SUNY ESF Institutional Animal Welfare Assurance (AWA) #: D16-00943 |

|  |
| --- |
| **Collaborating Institution:** |
| Name of Collaborating Institution:  Name of Primary Contact/Collaborator at Institution:  Collaborating Institution USDA Registration # (if applicable):  Collaborating Institution Animal Welfare Assurance (AWA) # (if applicable):  AAALAC Accreditation Status (if applicable): |

**Section 2: IACUC ProtocolS and Personnel**

|  |  |
| --- | --- |
| **SUNY ESF Personnel Information** | |
| Title of Project (grant/contract title): |  |
| Principal Investigator on Grant/Project |  |
| Sponsor or Funding Agency, if any: |  |
| Sponsor’s Award Number, if any: |  |
| **SUNY ESF Protocol Information** (if any designated activities will be conducted under an ESF protocol) | |
| IACUC Protocol Title: |  |
| IACUC Protocol Approval #: |  |
| IACUC Approval Date: |  |

**Are the collaborating institution’s representatives seeking to conduct animal care activities and compliance under this ESF protocol?** ☐ **Yes\*** ☐ **No**

*\*If ‘Yes’, names of collaborating personnel must be included in or appended to the ESF IACUC protocol. Collaborating personnel may be required to complete UM or equivalent animal care training. This protocol will be provided to the collaborating institution.*

|  |  |
| --- | --- |
| **Collaborating Institution Protocol Information** (if any designated activities conducted under collaborator’s protocol) | |
| Title of Project (grant/contract title): |  |
| Principal Investigator on Protocol: |  |
| Sponsor or Funding Agency, if any: |  |
| Sponsor’s Award Number, if any: |  |
| Collaborator’s IACUC Protocol Title: |  |
| Collaborator’s IACUC Protocol Approval #: |  |
| Collaborator’s IACUC Approval Date: |  |

**Are SUNY ESF representatives seeking to conduct animal care activities and compliance under this protocol from the collaborating institution?** ☐ **Yes\*** ☐ **No**

*\*If “Yes,” append the collaborating institution’s protocol to this form and provide the names and contact information below for all SUNY ESF personnel to be covered under the collaborator’s protocol.*

**SUNY ESF Personnel to be covered** (Note: These individuals still require ESF Animal Care Training)**:**

For each additional person, copy and complete this table.

|  |  |
| --- | --- |
| **Name:** |  |
| **Role/Position:** |  |
| **Degree(s):** |  |
| **Department:** |  |
| **Email:** |  |
| **Phone number:** |  |
| **Cell phone number:** |  |
| **Mailing Address:** |  |
| **Years of experience with species:** |  |
| **Years of experience with procedure(s):** |  |
| **If training is necessary, how will this be done, and who will do the training?** |  |
| **Date most recent CITI training completed:** |  |
| **Date health risk assessment completed (if needed):** |  |

**Section 3: Delineation of Animal Care Responsibilities**

Although attention to humane care and use of vertebrate animals is the responsibility of all parties, it is important that each party is aware of their primary responsibilities and authority for major elements of animal care and compliance. Please designate the primary party responsible for the following major care responsibilities (assigning specific procedures is optional).

|  |  |
| --- | --- |
| **Animal Care Responsibilities** | **Responsible Party** |
| **Ownership and decisions on final disposition is of animals is the responsibility of:** | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |
| **Purchasing/Acquisition/Collection of animals**  **is the responsibility of:**  (includes state, federal or other permitting) | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |
| **Payment for animal care and procedures**  **is the responsibility of:** | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |
| **Housing of animals is the responsibility of:**  *(includes facility inspection, accreditation, disaster planning)* | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |
| **Daily husbandry and veterinary care are the responsibility of:** | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |
| **Emergency veterinary care and guidelines for unplanned euthanasia are responsibility of:** | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |
| **Specific Procedures:** *(optional – list procedures below)* | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |
| **Specific Procedures:** *(optional – list procedures below)* | ☐ESF ☐Collaborator\* ☐ Not Applicable  ☐Other: |

\* ‘ESF’ and ‘*Collaborator’* refers to the institutions and associated personnel listed in section 1 and 2 above.

Note: Checking ‘Other’ requires identification of a third party and may entail further inter-institutional agreements.

**Section 4: Conditions of Collaboration**

SUNY ESF requests that the collaborating institution provide, as applicable:

* Documentation of IACUC approval, protocol modifications and annual reviews of the protocols where ESF representatives are covered under the collaborating institution’s IACUC protocol.
* Notification of review and reporting of any incidents of non-compliance with PHS Policy, the *Guide for the Care and Use of Laboratory Animals*, or any suspension of this activity by the IACUC
* Additionally, SUNY ESF requests that the collaborating institution provide notification of any changes in PHS Assurance status or AAALAC International Accreditation status for facilities in use by this collaborative research.

Where SUNY ESF representatives conduct work under the animal care protocol of the collaborating institution, SUNY ESF remains responsible for ensuring compliance with the collaborating IACUC’s determinations and with the terms of its OLAW-approved Animal Welfare Assurance. Likewise, where collaborators conduct work under a SUNY ESF animal care protocol, the collaborating institution remains responsible for ensuring compliance with SUNY ESF’s IACUC determinations and with the terms of the SUNY ESF’s OLAW-approved Animal Welfare Assurance. This document must be kept on file by both parties and provided to OLAW upon request. Completion of this document provides assurance that the review performed by an Institution’s IACUC meets animal welfare requirements prescribed in the institution’s OLAW-approved Animal Welfare Assurance.

**additional conditions of collaboration, if appLicable:**

* The institutions agree to comply with all applicable provisions of the Animal Welfare Act and other applicable Federal statutes and regulations relating to animals.
* As applicable, the institutions agree to be guided by the U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training and comply with the PHS Policy on Humane Care and Use of Laboratory Animals (Policy)
* The institutions acknowledge and accept responsibility for the care and use of animals involved in activities covered by this Agreement. As partial fulfillment of this responsibility, the institutions will ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Agreement, as well as all other applicable laws and regulations pertaining to animal care and use.

**Additional conditions of collaboration, if any** (describe below)**:**

**Section 5: Review anD Institutional Approvals**

**Name and Signature of SUNY ESFInvestigator requesting this collaboration:**

(Type Name) Signature Date

Submit this form to:

SUNY ESF Institutional Animal Care and Use Committee

[cwhipps@esf.edu](mailto:cwhipps@esf.edu) (IACUC Chair)

**FOR ADMINISTRATIVE USE ONLY**

**Reviewed and Accepted on behalf of the SUNY ESF IACUC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

In signing this document, the institutional officials listed below signify that the institutional animal care status information (section 1) is accurate to their best knowledge, recognize which institutional IACUC is responsible for protocol review, approval and amendment (section 2), acknowledge the respective roles of each institution in meeting animal care responsibilities (section 3), and enter into this collaboration under the conditions specified above (section 4).

**Name and Signature of Institutional Official (or Designee) for ESF:**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Joanie Mahoney (IO)

President

SUNY ESF

**Name and Signature of Institutional Official for *Collaborating Institution*:**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type or Print Name) (Type or Print Title)