

Supplemental Form B: Principal Investigator Certification

Principal Investigator:	
Faculty Advisor:	
Study Title:	

As Principal Investigator, I certify that:

1. I have completed the institutionally required CITI investigator training course(s) or attended the institutionally conducted animal use refresher course (required every 3 years).
2. I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.
3. The individuals listed in **'Supplemental Form A: Study Team Training & Qualification Summary'** are authorized to conduct procedures involving animals under this proposal, have completed the institutionally required CITI training course(s) or attended the institutionally conducted animal use refresher course (required every 3 years), and have received training in following areas:
 - a. The biology, handling, and care of this species;
 - b. Aseptic surgical methods and techniques (if necessary);
 - c. The concept, availability, and use of research or testing methods that limit the use of animals or minimize distress;
 - d. The proper use of anesthetics, analgesics, and tranquilizers (if necessary); and
 - e. Procedures for reporting animal welfare concerns.
4. For all USDA classification D and E proposals, I have reviewed the pertinent scientific literature and the sources and/or databases and have found no valid alternative to any procedures which may cause more than momentary pain or distress, whether it is relieved or not.
5. I will obtain approval from the IACUC before initiating any changes in this study.
6. I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity, or mortality will be reported to the attending veterinarian and the IACUC within 24 hours of occurrence.
7. I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies.

**Principal Investigator
Signature & Date:**

Complete the section below when the Principal Investigator is a student.

As Faculty Advisor, I certify that:

1. I have read and approve of the proposed research plan.
2. I have completed the institutionally required CITI training course(s) or attended the institutionally conducted animal use refresher course (required every 3 years).
3. The student is competent to conduct the activities described in the application submitted for IACUC review.
4. I understand my responsibility for providing on-going supervision and mentorship to the student for the duration of the study.

**Faculty Advisor
Signature & Date:**