

1/16/2014

APPROVAL LETTER

Principal Investigator: Geert Schmid-Schoenbein  
Protocol Number: S01113  
Title: Identification and Characterization of Humoral Activators during Intestinal Ischemia  
Species: Rat - Laboratory

The Institutional Animal Care and Use Committee (IACUC) has approved your Amendment. Any further change to this approved protocol requires that an amendment be submitted for IACUC review and approval before that change can be implemented. Please print this email and maintain a copy with your protocol.

It is your responsibility as Principal Investigator to ensure that all members of your laboratory staff have a copy of the protocol and that they understand their individual responsibilities. Your electronic signature on the protocol application indicates that you understand and will comply with all 12 points of the Investigator Assurance below. Please review these assurances now.

Thank you for your cooperation in complying with federal regulations regarding the care and use of laboratory animals: Public Law 99-158, the Health Research Extension Act, and Public Law 99-198, the Animal Welfare Act which is regulated by USDA, APHIS, CFR, Title 9, Parts 1, 2, and 3.



Michael Gorman, Ph.D.  
Chair

**Investigator's Assurance For the Humane Care and Use of Animals Used in Teaching and Research**

1. I agree to abide by PHS Policy, USDA Regulations, UCSD policies for the care and use of animals, the provisions of the ILAR Guide to the Care and Use of Laboratory Animals, and all other federal, state, and local laws and regulations governing the use of animals in research.
  2. I understand that emergency veterinary care will be administered to animals showing evidence of pain or illness, in addition to routine veterinary care as prescribed for individual species. I understand that it is my responsibility to provide current and updated emergency contact information for personnel who must be contacted in an animal emergency. I understand that any unanticipated pain or distress must be reported to the veterinarian or his/her designee.
  3. I assure that I have consulted a veterinarian in the preparation of this proposal, if it includes procedures that could cause pain and distress to a vertebrate animal.
  4. I declare that all experiments involving live animals will be performed under my supervision or that of another qualified biomedical scientist listed on this protocol.
  5. I certify that all personnel having direct animal contact, including myself, have been trained in humane and scientifically acceptable procedures in animal handling, administration of anesthetics, analgesics, and euthanasia to be used in this project.
  6. I certify that all personnel in this project will attend Orientation to Animal Research and all mandatory classes as determined by each individual's Personnel Qualifications Form.
  7. I understand that the use of hazardous agents in animals may only be initiated after approval from EH&S and I am responsible for complying with all safety related information stated under section VIII of the protocol.
  8. I certify that all personnel working on this protocol will be given the opportunity to participate in the Medical Monitoring Program at the Center for Occupational and Environmental Medicine (COEM). All personnel on this protocol will be made aware of the hazards involving the use of live animals and tissues.
  9. I understand that I must submit an amendment for any proposed changes to this protocol and wait for IACUC approval before beginning the work.
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