



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
 Research Support and Environmental Compliance
 1200 Carothers
 Tallahassee, Florida 32306-4481
 Phone: 850.644.6895 Fax: 850.644.8842 Web: www.safety.fsu.edu

ANIMAL RESEARCH PROPOSAL REGISTRATION

Please complete and submit to Environmental Health & Safety (EH&S), for proposed use of radioisotopes, chemicals, lasers, etiologic agents, infectious agents and/or recombinant DNA techniques associated with an Animal Research Project. Once completed, send it via FAX, Campus Mail or deliver it to the above address for review.

Please note that a copy of this form must be submitted with the *Animal Care and Use Committee (ACUC) - Animal Use Description (AUD) Form* or with the *ACUC - Significant Changes Form*. Additional EH&S forms are available at our website at www.safety.fsu.edu/forms.html.

Researcher information

Principal Investigator (PI)	PI Title	Department
Building	Room	E-mail address

Research project information

Project Title	ACUC Protocol Number
Check any of the following used in the project:	
Radioisotope use <input type="checkbox"/> No <input type="checkbox"/> Yes, contact EH&S Radiation Safety Office at 4-8801.	
Laser use <input type="checkbox"/> No <input type="checkbox"/> Yes, contact EH&S Radiation Safety Office at 4-8801.	
Chemical use <input type="checkbox"/> No <input type="checkbox"/> Yes, attach Chemical Inventory (EHS 8-1) or call 4-7682.	
Recombinant DNA use <input type="checkbox"/> No <input type="checkbox"/> Yes, attach Recombinant DNA Registration Update (EHS 7-7) or call 4-5374.	
Infectious agents use <input type="checkbox"/> No <input type="checkbox"/> Yes, attach Etiologic/Select Agent Registration Update (EHS 7-6) or call 4-5374.	

Additional personnel

List other personnel associated with this project:

Name	Position	Name	Position
Name	Position	Name	Position

Principal Investigator acknowledgement

I understand that I will be required to comply with the federal, state and local regulations that pertain to the proposed research as indicated on the designated review forms. I accept responsibility for providing, through scheduling or teaching, training to all personnel involved in the proposed project. The information here is accurate and complete.

Principal Investigator (please print)	Signature	Date
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For EH&S Use Only

EH&S Reviewer (please print)	EH&S Reviewer Signature	Date
Attachment(s)		
Chemical/Hazmat <input type="checkbox"/> No <input type="checkbox"/> Yes	Etiologic Agents <input type="checkbox"/> No <input type="checkbox"/> Yes	
Animal Contact <input type="checkbox"/> No <input type="checkbox"/> Yes	Recombinant DNA <input type="checkbox"/> No <input type="checkbox"/> Yes	